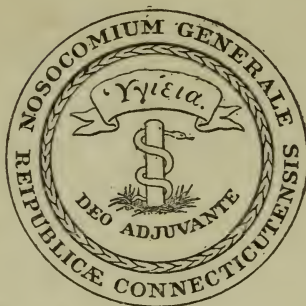


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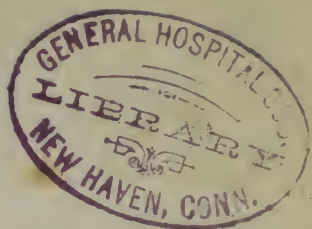
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[No. 1.]

I.

ON A NEW MODE OF APPLYING GALVANISM WITHOUT GIVING A SHOCK.

By K. T. KEMP, Esq.

GALVANIC electricity, shortly after its discovery, and down to the present time, has been more or less used for medical purposes; and although the diseases for the cure of which it has been employed have been various in their nature, and affecting organs the most dissimilar in their structure and functions, yet only one method has been adopted for its application, and that invariably accompanied with the repulsive sensation of a shock.

To persons of a nervous temperament, the dread of the shock has proved an insuperable objection to its use; and it has also deterred practitioners from applying it of a sufficient intensity, in cases where diseases affected the more delicate organs of the body, as the eye and ear. It is to obviate this, that I have adopted the following mode of applying the galvanic energy, by which it may be made to pass through the body without inducing the sensation of a shock, and by which the quantity of electricity may be gradually and almost imperceptibly increased to any extent.

When a patient is subjected to the influence of galvanism in the ordinary way, he is made to form part of the circuit by means of one

wire passing from each of the poles of the battery; or, if it is too powerful, from any number of the plates. If he is subjected to the influence of, say twenty plates, one of the wires, terminated by a brass ball, which he lays hold of, is placed permanently in the first cell of the trough. The other wire having also attached to it a ball, which he lays hold of with his other hand, is then put into the twentieth cell of the trough, and at this instant the patient experiences a shock. When the wire is removed from the cell, he experiences another. If a greater intensity of galvanism is required, the patient has to be subjected to a more severe shock, in proportion to the number of plates which are added. And these shocks are experienced both when the wire is inserted into the cells and removed from them, or, in other words, every time the circuit is completed and broken.

These inconveniences are entirely obviated by the very simple expedient of having *two* wires attached to one of the balls, by which the patient is made to form part of the galvanic circuit. Let us suppose a patient about to be subjected to galvanism by means of a common galvanic battery, that he is to receive it through the arms, across the chest, and that the circuit is to be formed by two brass balls, to one of which is attached

a single wire, and to the other two distinct and separate wires. The trough being charged, the person takes hold of one of the balls, say that which has the single wire attached to it. The extremity of this wire is to be placed into the first cell of the trough, there to remain. The patient is then, with the other hand, to lay hold of the other ball having the two distinct and separate wires attached to it, one of which wires the operator places into the second cell of the trough, while he retains the other in his other hand. The patient has now been subjected to the influence of two plates ; but the intensity of the galvanism from two plates is so very weak, that not the least sensation is produced upon him. The operator now inserts the last-mentioned wire, which he retained in his hand, into the third cell ; he then lifts the wire which is in the second cell, and places it into the fourth, and so on, lifting each of the two wires which are attached to the one ball, alternately, taking care that one of them always forms the circuit while the other is moved forward.

In this manner, at each removal of the wires, the quantity of galvanism added to that which is already circulating is so small that no shock is perceived, while the general effect is distinctly experienced on the system as the wires are moved forward. Instead of adding one plate only at each removal of the wire, two, four or six may be added, as no distinct shock is perceived from that number ; and in this manner we sooner accumulate the necessary intensity. When the patient has been subjected to a sufficient intensity of galvanism, the wires are to be removed backwards in the same

manner, to prevent a shock being received.

The effects of this modification of galvanism on the system are very peculiar. As the wires are gradually moved forwards, a slight sensation of heat and a kind of prickling is perceived in the hands and wrists, accompanied with a general glow of heat in the region through which the galvanism passes. As the number of plates is increased, a powerful tension of the muscles and accelerated circulation ensue.

The beneficial effects of galvanism appear to depend entirely upon the passage of the fluid through the system, whereby an increased action of the different organs is induced, and the various secretions promoted ; and in no degree upon the shock received, which is nothing more than the entrance of the fluid into the system, or rather the superinducement of a particular state upon it. And, without doubt, the more gradually this is effected, and the more imperceptibly the system is again brought into its natural state, the greater will be the benefit derived.

Lest it should be supposed that part of the agency of galvanism depends upon the shock, it may be proper to state, that in every instance the same decompositions are effected in liquids when they are made to form part of the circuit, whether good or bad conductors ; and the same states are induced upon the wires, whether the electricity be produced by means of a shock, or in the silent manner.

The mechanical effect of galvanism, when given by a shock, seems to act more powerfully in producing convulsive motions on animals, recently killed, than when

given in the silent method; as, when an animal is subjected in this way to electricity of very great intensity, no motions are produced except at the instant the circuit is completed and again broken. On dead subjects, then, galvanism appears to act more powerfully by the mechanical influence of the shock, and convulsive motions are produced. In the living subject, again, while it produces a shock, the good effects seem to depend more upon the stimulus given by the silent circulation of the fluid.

In cases of suspended animation, the silent method of applying galvanism appears to be by far the most rational one, as it is quite apparent that the throwing of the body into different electric states, by breaking and renewing the circuit which is the cause of the shock, in order to increase or diminish the galvanic energy, must be anything but beneficial, as it is just producing an effect one instant to destroy it the next.—*Edinburgh Med. and Surg. Journal.*

II.

SEVERE CASE OF VOMITING ATTENDING PREGNANCY.

ELIZABETH JOHNSON, æt. 23, admitted a patient August 2d, 1828; she was seized yesterday with violent vomiting and pain in the bowels, which lasted nearly the whole of the day without intermission, but she did not apply for relief till this morning early. She then complained of a pain in the epigastrium (which was relieved by pressure), and continued vomiting (of a brown color). She appeared to be very much exhausted, and labored under great prostration of strength. Her

bowels had not been opened for three days; urine of a natural color; pulse rather small, and beat about 80; tongue loaded with a whitish fur; body cold and covered with perspiration. She is about two months gone with child. Ordered mist. efferves. c. liq. opii sedat. Pil. calomel. ext. col. c. et ol. croton.

3d.—Vomiting and pain in the stomach unabated; pulse as yesterday; bowels hard; no tenderness on pressure. Applic. emplast. cantharid. regioni epigast. Contin. pil. et mist. efferves. Ordered to have large enemata.

4th.—The vomiting has not ceased for more than an hour throughout, except yesterday, when, after the blister was dressed, she thought it was nearly two hours before it returned, but it then came on with increased violence. Repeat enemata. R. hydrarg. sub. gr. xij., pil. saponis c. opio gr. xvij., ol. cinnamom. gttij., fiant pil. vi. capiat j. tertiis horis.

5th.—Vomiting rather worse, and the fluid which is thrown up is about the color of tea. Pulse rather full, and quicker than yesterday; bowels open; slight pain on pressure; tongue cleaner on the sides, and red. Fiat v. s. ad 3 xvi. R. Aquæ cinnamomi. 3 ij. træ opii 3i. M. capiat 3ss. omni tertia hora.

6th.—Stomach still as irritable as yesterday, and rejects everything taken. Pulse not so full, but she complains of great pain in the epigastric region, increased by pressure. Applic. hirud. xvij. regioni epigast. et postea emplast. cantharid. Capiat hydrarg. sub. gr. viij. in pilulam 4tis horis. Bowels bound, although the enema has been persisted in.

7th.—The medicines at present have been of little service, as the vomiting still continues; and in fact she rejects both medicine and nourishment as soon as taken; pulse natural; bowels bound; tongue clean; great prostration of strength; she is unable to move without assistance. Eight of the leeches only took, but from the continued fainting which supervened, it was considered advisable not to apply any more. R. *Misturæ cretæ* ʒi. spt. ammon. c. træ opii āā ʒi. spt. æther. c. ʒij. M. A tablespoonful to be given every two hours, with a teaspoonful of brandy.

8th.—She yesterday kept a little arrow root on her stomach for some time. Vomiting exceedingly bad; bowels confined. Ordered to continue the enema every third hour, with the addition of an ounce of the tinct. aloes in each. To continue the mixture and brandy.

9th.—She says she feels relieved in taking the medicine and brandy, more particularly at first: but the stomach continues very irritable, although certainly mitigated, and the pain in the epigastric region is less. Bowels open slightly. Habeat hydrarg. subm. gr. x. in gelatina quamp. sumend. R. *Acidi hydrocyanici* M. viij. *Aquæ cinnamomi* ʒij. m. capiat ʒss. sextis horis.

10th.—She was relieved for two or three hours by the acid, but the relief afforded was merely temporary, and after the first or second dose, the medicine appeared to have lost its effect, as the vomiting returned nearly as bad as previous to the time she took the mixture with brandy. Bowels open; tongue clean, and pulse natural; urine deposits a

mucous sediment. Rept. mist. ut die Aug. 7mo.

12th.—Vomiting better, and she kept a little arrow root on her stomach. Bowels open moderately. She sat up in bed a little yesterday. R. *Aquæ cinnamomi*. ʒij. sp. ammon. c. træ opii āā ʒi. træ humuli ʒxi. cap. ʒss. quartis horis.

13th, 14th.—Improving.

16th.—Convalescent. Cap. mist. aperiens pro re nata.

23d.—Bowels regular; no vomiting for nearly a fortnight. The lower extremities anasarcous, for which a mixture of the acetate of potash was ordered, and under its use this symptom disappeared.

30th.—Dismissed cured.

It may be worthy of remark, that notwithstanding the violence of the vomiting, and the powerful remedies employed, no miscarriage took place; and after the usual time of gestation, she was delivered of a healthy child, which she was enabled to suckle.—*Midland Med. & Surg. Rep.*

III.

EROSION OF THE FACE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the Medical and Surgical Journal for the 8th inst., you have published a case of gangrenous erosion of the face, from Dr. Brown, of Boston. A similar case has occurred in my practice during the past season, the more important particulars of which I now send you for publication.

Samuel Bowman, an interesting child of Capt. Henry B. Farnham, of this village, aged four years, was attacked, on the 26th of July last, with an autumnal

remittent fever, which proved more obstinate than severe. He had, at first, an emetic of vin. ant. After this, sub. mur. hydrar. with ipecac., ipecac. uncombined, sub. mur. hydrar. and jalap, c. oil, or senna, were administered as occasion required, to evacuate the stomach and bowels. The constitutional effect of mercury was not attempted; nor did it happen. There was no salivation, soreness of the gums, or mercurial fetor of the breath, during his illness. I deem it unnecessary to state the remaining particulars of the therapeutic plan adopted for the reduction of the fever. I may, however, merely observe, that, as it was unattended with pain or tenderness in any organ, venesection was not had recourse to.

On the tenth day of the fever, the frightful gangrene made its appearance. We then observed a very disagreeable fetor of the breath, and a brownish-red aspect of the mouth and fauces. The gums were spongy, and occasionally emitted blood. Within the mouth, and on the inside of the right cheek, there was a small ash-colored spot, which soon began to increase in size. Directly opposite to this spot, on the surface of the external cheek, was a hard, smooth, whitish and shining swelling. The eyelids of that side were œdematous, and the eye somewhat suffused. The strength of the patient was but little reduced, and the fever becoming intermittent on the 13th day, was cured in three days by sulph. quin. He now took wine, sulph. quin., and a nourishing diet. The gangrenous spot was penciled with nitrate of silver, and had frequent and successive applications of a solution of the same, of

alum, dilute muriatic acid, tinct. sulph. quin., myrrh, &c. A blister was applied over the part affected. But the disease continued its ravages. The cheek was soon penetrated, and the teeth and gums laid bare. At the time of dissolution, which happened on the 35th day of his sickness and 25th of the gangrene, the ulcer had spread to within an inch of the eye above, and was on a level with the base of the lower jaw beneath. It had severed the lip anteriorly, and proceeded to the stemonian duct, and along the course of the muscles and glands lying under the tongue to the roots of that organ, posteriorly. Five teeth were missing from the lower jaw. The affected parts had a jet black appearance, with an indescribably bad fetor. The patient had apparently no pain, but was restless, and required large quantities of opium. An ounce of the common liquid laudanum in twenty-four hours, was at one time found insufficient to procure relief. He was perfectly rational to the last, and his strength held out surprisingly. He evidently died from exhaustion, having had a hectic for the last ten days, which was unattended with any considerable diarrhœa.

Is this a disease *sui generis*? It appears to be distinct from every other species of gangrene. It has a peculiar origin and progress. It does not arise in consequence of general debility, or putrescency. Nor can it be the production of mercury. I have never heard of its being attended with a mercurial mouth. Dr. Jackson, of Northumberland, Pa., has published several cases in the Philadelphia Medical Recorder,

No. 39, vol. 12, page 66. In some of these cases, there had been no mercury given; and where previously administered, it had not produced its constitutional effects. In the case I have described, the state of the gums and fetor of the breath were very different from the usual effects of that mineral. I do not rest, here, entirely upon the accuracy of my own observation, nor upon the correctness of my own judgment; though it may seem that might be sufficient, in such a case, for one having a practical knowledge of the profession. I have the concurrence of Dr. Issachar Snell, whose very friendly and efficient aid, from an early date in the progress of the disease, I am happy to acknowledge. I have never before seen but one case similar to this. That occurred in Marblehead, Mass., during my pupilage, in 1824. I took no minutes; but I distinctly remember the same peculiarities.

CHARLES HUBBARD.

Winthrop, Me., Dec. 28, 1829.

IV.

MERCURIAL PTYALISM CURED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed, in the pages of your valuable Journal, some facts obtained from a western Review illustrating the sympathy, or more properly the antipathy, which exists between the salivary glands and the skin, I resolved, when an opportunity should present itself, to apply this principle to the treatment of mercurial salivation. A few weeks after reading this article, I was applied to by a female,

about twenty years of age, who was suffering severely from the effect of a medicine with the nature of which she was unacquainted, but which had been administered to her in pills, about a week previous, by an irregular practitioner to whom she applied for advice. The gums, submaxillary glands, cheeks and tongue were greatly swollen; the latter was covered with a dense, hard, black secretion; the jaws could scarce be separated, and utterance was inarticulate; the flow of saliva was constant, and the mercurial fetor evident. Under these circumstances, there seemed to be little doubt that the symptoms were owing to an excessive use of mercurials. She was ordered cathartics, and an astringent gargle for the mouth and throat. Three days afterward, she was again seen, and appeared no better. A blister was then ordered to the back of the neck, an opiate at night, and the other treatment as before. Three days afterward, she was again seen, and found very much better. The ptyalism had nearly ceased, the voice was clear, deglutition easy, and the tongue nearly clean. She stated that the opiate had been taken once, but produced no effect, and that, on the subsequent nights, she had rested well without it. She was so well satisfied of the good effects of the blister, that she begged leave to place another on one shoulder, in order to complete the cure. The permission was readily granted, but not availed of, as the recovery was accomplished without it in a short time.

Your obedient servant,

E. G. DAVIS.

Boston, Feb. 1830.

SKETCHES OF PERIODICAL LITERATURE.

PHLEBOTOMY.

THE very frequent occasion which every medical practitioner finds to practise bleeding, gives to this operation, however simple, an interest which extends to its minutest details. We have heard an eminent surgeon pronounce it to be the most important operation in surgery; and we are by no means certain that this is an exaggerated statement. When compared, in a single instance, with amputation or lithotomy, it seems, no doubt, a trifling affair; but when are considered its infinitely greater frequency, its possible ill consequences even when skilfully performed, and its probable results when badly managed, we find ourselves disposed to accord to it no small consideration. With us, indeed, it assumes a peculiar importance, from its being almost the only effectual mode of sanguineous depletion we possess. From the accounts we have of French practice, it would seem that their leeches furnish them a complete substitute for the lancet; so that a resort to the latter is comparatively a rare occurrence. A French practitioner, even in a hospital, does not hesitate to order the application of from fifty to an hundred leeches; and there can be no doubt that depletion, in this manner and to this extent, would be as effectual as that with the lancet. We have, however, often seen the time when such a prescription would cost a fortune, and require twenty-four hours labor to put it in execution;

and unless some means can be devised for propagating an improved breed of this animal here, we must, in cases requiring thorough sanguineous depletion, still view the lancet as our only safe and effectual dependence.

We notice, in a number of the *Journal Hebdomadaire de Medecine*, some observations by the celebrated Larrey on the operation of bleeding, when performed on the jugular vein. He considers this mode of venesection to be particularly indicated in cerebral inflammation and in apoplexy, in both of which there exists a congestion of the vessels of this organ. The first effect of this congestion is to produce a compression, concentric or eccentric, according to its situation, on the nerves of the part. This is followed by a paralysis of the muscles generally, and particularly of those which serve for extension, which, in the healthy state of things, keep the head erect in opposition to the force of its own gravity. The consequence is that the position of the head becomes inclined, and compression is produced at the origin of the jugular vein. The free circulation of the venous blood being thus prevented, this fluid is forced back into the sinuses, and from thence to the vessels of the brain itself, and in this manner augments the previous evil. Under these circumstances, the effect of bleeding in the extremities is, by increasing the debility, indirectly to aggravate the symptoms. On the other hand, by a liberal abstraction

of blood from the vessels near the part, the sinuses and cerebral vessels are directly relieved of their contents, the pressure is taken off from the nerves, and the muscles resume their healthy functions.

This ingenious explanation of the *ratio medendi* of this operation, is accompanied with some very sensible remarks on the manner of performing it. As these remarks are of a purely practical character, and do not admit of abridgement, we venture to offer a translation of them to our readers.

Bleeding in the jugular vein is a more delicate operation than is usually supposed. Even when the vein is plainly in sight, its mobility and elasticity render the opening of it very difficult; but it is frequently concealed under the platysma-myoid muscle, and sometimes is wholly invisible. We can, however, in almost all cases, bring it into view by making strong pressure over it, at a point between the clavicular attachment of the sterno-mastoid muscle and the anterior margin of the trapezium. The skin of the neck is then extended by the hand of an assistant, placed under the angle of the jaw, and the lancet is plunged into the vein obliquely, from below upward and forward. If the point of the instrument be carried too far in a perpendicular direction, it may pass through both the parietes of the vein; the consequences of which might be, the formation of a thrombus in the deep cellular tissue, the inflammation of this tissue, supuration, and the passage of purulent fluids through the posterior opening into the interior of the vessel, and thence to the heart. Another accident not less serious, is the passage of air through the anterior opening of the vein during the operation, which must be prevented by the exercise of constant and careful pressure over the vessel below the wound.

This precaution is one of the most necessary in this mode of venesection.

DOCTRINES AND PRACTICE OF BROUSSAIS.

SOME observations of a writer, in the *American Journal*, who has enjoyed the opportunity of witnessing the practice of this eminent individual, are calculated to give a more favorable impression of his manner of treating disease than we believe is generally entertained in this country. In the first stage of inflammatory affections, he is, as is well known, very energetic, and bleeds largely both generally and locally. After this stage has passed, however, he generally adopts the expectant system, and waits for the powers of the constitution to rally, with little interference. In adopting this plan, he omits many of those secondary means which, in the practice of English and American physicians, are regarded as important. In some cases, no doubt, this omission is to be regarded as injurious; but in general he secures the comfort of his patient by leaving him unmolested, and, what is not unimportant, he is enabled to see undisguised the processes by which nature herself effects the restoration of the system to a state of health.

OPIUM IN INFLAMMATION.

WE see, by an able article in the *N. A. Journal*, that Dr. Breschet, of Lyons, has found this article of service in other stages of disease than those in which it has been usual to employ it. Dr. B. divides inflammation into four distinct degrees,

—first, where irritation is present in a part, but no injections of the capillaries of that part;—secondly, local inflammation, without fever or any affection of the system;—thirdly, when the system sympathises with the local affection, and fever is present;—fourthly, when fever has ceased, and nervous irritation alone is present. The first stage occurs in all inflammations, but in general is by no means easy to detect; while it continues, opium is the appropriate remedy, and its liberal use will either arrest the disease, or render the subsequent stages more mild. Its use, however, requires great caution. The second stage occurs distinctly in those inflammations the seats of which are circumscribed, and are at a distance from the centre. Such is the case with inflammatory affections of the eye; and in such cases, the exhibition of opium is often of advantage. Under this head, Dr. B. recommends the local application of the tinct. opii in various forms of ophthalmia. In the third stage, opiates are never admissible, unless their use has been preceded by active depletion. Its good effects, after such depletion, in relieving pain and abridging the course of the disease, have been repeatedly noticed, and are confirmed by Dr. Breschet. The fourth stage occurs especially in pulmonary inflammations in which, after the active inflammation has been subdued, a tedious irritative cough continues to harass the patient. In this state of things, opium is of signal service, and may, for the most part, be given without apprehension of danger.

PULMONARY CONSUMPTION.

WE offered, in one of our late numbers, an abstract of some remarks by Dr. Parish, of Philadelphia, on the advantages of air and exercise in chronic pneumonia. In a second communication to the N. A. Journal on the same subject, Dr. P. adduces some striking facts in confirmation of the same principle. A lady of delicate constitution was attacked with hemoptysis to an alarming extent, which was relieved only by entire rest for several days, with appropriate medical treatment. Great exhaustion and debility followed, and very serious apprehensions were entertained in regard to the consequences of a second attack. It was already late in the autumn, and if she were to venture abroad at all during the season, it seemed evident that no time was to be lost. Free exercise in the open air was therefore ordered, and she recovered. Another case, of even more interest, is that of a young gentleman who had exhibited decided symptoms of consumption, but in whom the disease was kept in check for three years, by as many voyages to India. A fourth voyage was in contemplation, but was prevented by the state of commercial affairs. The pulmonary difficulties soon returned, and proved fatal. The lungs were tuberculous.

Dr. P. remarks, with great good sense, that it is only in the early stage of this disease that any benefit is to be derived from change of climate. To send a patient in whom the disease has become confirmed to a foreign land, is at once wholly useless, and a cruel aggravation of

his sufferings. Dr. P. does not say, nor would it indeed be just to say, that this is ever done by the practitioner to evade his responsibility. But there is a temptation, to the physician worn out and discouraged by unavailing efforts, to propose this as an ultimate resource, and to hold out stronger hopes of its efficacy than he himself indulges. A sense of honor and of his high responsibility, not to say the impulse of huma-

nity itself, should be sufficient to prevent his being induced, by any motive whatever, to swerve from the exact line of integrity and truth. Not only should no false hopes be suggested, but the self-delusion which so often takes possession of weak minds on this point, must be steadily combated. If placebos are ever allowable in practice, it can only be such as are certainly innocent in their operation.

BOSTON, TUESDAY, FEBRUARY 16, 1830.

EDITOR'S NOTICE.

AT the commencement of a new volume of this Journal, it becomes us to state, that such has been the flattering success which has thus far attended the efforts of those from whom it emanates, that it will be continued on the same general plan, and afforded at the same cheap rate, as for the last two years.

The chief objection we find to the work is, that its size forbids the insertion of any article of considerable length, without presenting it piecemeal, week after week,—a mode of publication universally acknowledged to be inconvenient, and detracting much from the true value of the essay so mutilated. This difficulty will be met, in the present volume, by the occasional publication of two numbers at once; when it becomes desirable, from the practical value of a paper which may occupy six or eight pages, to insert it entire, our subscribers will receive two sheets instead of one, and thus the pleasure

of *variety* be still secured to them. In these cases, the double number may be published on the Tuesday when the first or second shall become due, or at some period between those days. We have been explicit in giving this notice, in order that the reader may understand, that, if at any time his copy of the Journal is not received at the usual day, a double sheet may be expected the Tuesday following; if, on the other hand, one of these duplex numbers comes to him in course, he will receive none the succeeding week.—It is not probable that this mode of publication will be frequently necessary; but by leaving it open to adoption, we shall be able to embody in our work some valuable results of medical experience which we have often been constrained to pass without notice.

The Sketches of Periodical Literature are wholly original, and require much editorial labor. The reader, skimming them over, whilst quietly seated in his arm-chair, little

suspects how great is this labor,—how many bogs we have to wade through before we come to a scene worth describing, and when arrived at such scenes, how much useless rubbish must be brushed away, before their true beauties can be presented to his eye. They have given, however, such general satisfaction, that they will be continued;—and our efforts will not be wanting to communicate, under the Boston Head, whatever may be thought interesting or useful by way of essay or intelligence.

Protracted reviews and lengthy monographs are necessarily excluded from a weekly paper like this, but our pages are always open to the communications of those (and it is to be hoped they are not few) who deem it a duty, as well as a privilege, to impart something of what they know to others, as well as to drink in knowledge from the bounty of their brethren,—who conceive they are but discharging an imposing obligation, by laboring to do something for that science which is doing everything for them. The history of cases rare in their nature, course or termination, or, what is better, the practical results deduced by a judicious and discriminating mind from an observation of such cases, will always be acceptable to the members of a profession ever anxious for new and more powerful means of mitigating the sufferings and subduing the diseases with which they have to contend.—Accounts of new remedies, or of novel and improved modes of applying those which have been long known, are among the most

useful of periodical communications. —Rare cases in Surgery;—facts in Physiology, or illustrative of its laws;—post-mortem examinations, in connection with the history of the cause of death,—and suggestions touching the moral, social or medical state and duties of the profession, might be supplied in abundance by the intelligent and enterprising physicians of New England. There is scarcely an individual among our subscribers who has it not in his power to give lessons of practical value to his brethren; and were each to contribute his part to the common stock of medical knowledge, the amount of practical power in the hands of the Faculty would be greatly augmented, the objects and the honor of the profession would be materially advanced, and, through its instrumentality, the comfort and happiness of the community would be essentially promoted.—We hope that these hints may not prove to have been thrown out in vain, but that our pages will show that the spirit of mutual instruction which is producing such wonderful results in Philosophy and the Arts, is exerting, among ourselves, a no less potent and salutary influence on the progress of Medical Improvement.

DISTINCTIVE MARKS OF PREGNANCY.

THE symptoms of pregnancy are so familiar to every practising physician, that it would seem impossible a doubt could ever exist respecting the presence of this state. When the husband has just returned after a voyage, the catamenia interrupted, morning sickness is troublesome, the breasts swell and become painful,

and the areola around the nipple is darkened, few would doubt the cause of these phenomena. If, in addition to all this, the abdominal tumor begins, after a few months, to show itself and to enlarge, and a sensation of internal movement is experienced by the patient, the family physician might be *informed* of the anticipated happiness of the parents, but few would think of asking his opinion whether these pleasing anticipations were well founded. Yet it is very possible that all these occurrences might exist as the precursors of evil and not of good,—as symptoms of disease and not of pregnancy.—It is equally true, on the other hand, that a lady may pass through all the stages of gestation, without evincing any mark of her condition. The abdominal tumor may be so small as to be easily concealed from the observation of her friends, or even, to deceive herself. This will be apt to take place in cases where the menstrual discharge is not interrupted, no morning sickness or syncope exist, and no internal movement is perceived which may not be attributed to intestinal commotion; where the breasts are naturally large and neither increased in size, nor the seat of pain, and where the areola, as is usually the case in persons of light complexion, retains its ordinary hue. We once knew a lady who, having no other apparent sign of gestation than the abdominal and mammary tumefaction, insisted on her freedom from that condition, and attributed her increased bulk to an accumulation of fat about the intestines,—an opinion in which she was confirmed

by a corresponding increase of fullness in the bosom. Although desirous, as well as her husband, of such a change in their family, no persuasion or argument could alter her opinion; she remained firm in her convictions throughout the pains of parturition, and when a boy weighing twelve pounds was shown her as evidence of her error, she could scarcely believe it could be *her* child. This is certainly an extreme case, and one the *extremeness* of which we could never explain, since the lady was not only sane, but intelligent, well educated, and greatly esteemed and respected.

Since, then, pregnancy may exist with but questionable evidence, and, on the other hand, all its imputed symptoms may be present under circumstances foreign to gestation, it becomes an interesting and practically important inquiry, are there any means of arriving at the truth, in every such case, at a period antecedent to parturition.

No one, it appears to us, has answered this question so well as Dr. Gooch, who, in his late account of some of the principal diseases peculiar to women, has given to it about fifty pages. His opinion appears to be, that, when we are in doubt, nothing can solve it so readily as a careful external or internal examination,—each separately, and both combined.—The directions given by Dr. Gooch for performing these examinations, we shall offer in his own words.

External.—In examining externally through the walls of the abdomen, the bladder should be empty,

the patient in bed, in her night dress, on her back, in a posture between sitting and lying, with the knees slightly drawn up. These are the most favorable circumstances for the external examination; but we are often obliged to examine without these advantages.

The first thing to notice is the situation, consistence, and figure of the tumor which is distending the abdomen. In pregnancy, the uterus does not rise out of the pelvis before the third month,—by the sixth month it is up to the umbilicus,—by the seventh it is a little above the umbilicus,—by the eighth month it is half way between the umbilicus and scrobiculus cordis,—and in the ninth month it has reached the scrobiculus cordis, its highest elevation; thus, if we are examining a patient about the sixth month of pregnancy, we shall feel a circumscribed tumor occupying the front of the abdomen, from the brim of the pelvis to the umbilicus, of an oval form and firm consistency, much firmer than the abdomen above and on its sides, where it is occupied by the intestines. All this can be made out clearly, if the walls of the abdomen are thin and relaxed; if they are fat, this is difficult and often impossible; but even then we can notice whether the enlargement is firm or soft: the former will be the case, if the patient is pregnant.

The next thing to notice is the umbilicus. In the unimpregnated state, it is sunk below the surface, forming a shallow pit; but in pregnancy, when the uterus has arisen to or above the umbilicus, this part projects above the surface of the abdomen: this, however, depends on the period of pregnancy at which we are examining; it will scarcely be found before the sixth month, and the further the pregnancy is advanced, the more distinct will it be. The firmness of the abdomen and the projection of the umbilicus depend on one and the same cause; that is, the firmness of the tumor which is

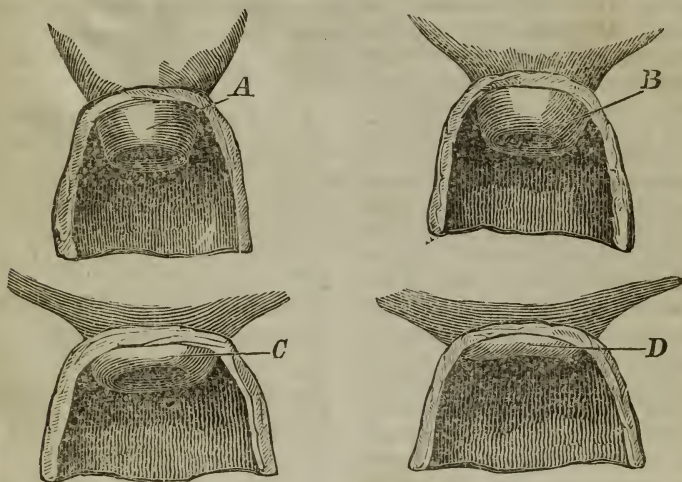
distending the abdomen; but any other tumor equally firm may occasion both these symptoms: their presence alone proves little, but if the state which we are investigating is advanced as far as the seventh or eighth month, their absence proves a great deal; for, if the umbilicus is depressed, and the abdomen, though enlarged, is soft and yielding, these alone prove that the patient is pregnant. Let not the practitioner, however, give an opinion till he has collected all the proofs.

Before proceeding to internal examination, one other point is of great moment. The hand should be placed on the abdomen, over the tumor, and there allowed to remain several minutes. If no motion is felt, it is not indeed conclusive evidence that there is no *foetus* in utero,—the *foetus* may be quiet just then, or it may be dead,—but if a motion is distinctly felt by the hand in this situation, this is perhaps the best of all proofs of the pregnancy of the patient,—much more conclusive certainly than any obscure sensation of the patient herself, who may mistake other movements, or even nervous impressions, for *foetal* motion. Dr. G. then goes on to speak of the examination which we have called

Internal.—Having examined the uterus through the walls of the abdomen, we proceed next to examine it through the vagina; for this the patient should be turned on her side;—and here again there are three things to observe,—the state of its neck, the state of its body, and the movement or rather the mobility of the *foetus*. 1st, in the unimpregnated state, the neck of the uterus projects into the vagina about two-thirds of an inch, like a thick, firm, fleshy nipple. At the termination of pregnancy, a few days before labor, this

neck is completely obliterated, the portion of uterus, which lies over the top of the vagina, no longer projecting into its cavity, but forming a flat roof. This obliteration begins about the fifth month, the neck becoming gradually softer, broader, and shorter; by the seventh month it is much altered, and not at all like the neck in the unimpregnated state, being

very soft, broad and short. It is now calculated to have lost three-fourths of its length; but it is not quite obliterated till the last week of pregnancy; so that if a false alarm about labor, two or three weeks before delivery, gives the practitioner an opportunity of examining the uterus, he will find a soft short nipple still remaining:—thus—



A represents the neck of the uterus before the fifth month, when it has undergone no change in its length.

B the neck at the sixth or seventh month, when it has begun to shorten.

C the neck in the eighth month, when it is nearly obliterated.

D the neck at the end of the ninth month, when it is quite obliterated.

After satisfying himself of the state of the neck of the uterus, the medical attendant should next ascertain if the body of that organ be enlarged, by placing the finger up between the os uteri and pubis. In its unimpregnated state, the uterus will be felt soft and flaccid; if distended, a hard tumor will be distinctly perceived in this situation. We may then proceed to the

Combined Examination.—There is, says Dr. G., a combination of the external and internal examinations, which, in thin persons, gives a very accurate knowledge of the nature of

the tumor. For this purpose, the finger of the right hand is to be applied against the tumor which is felt in the vagina, and the left hand is to be applied on the outside of the abdomen, to the upper part of the circumscribed swelling. Now by alternately pressing the tumor up, by means of the finger in the vagina, and down, by means of the hand on the abdomen, the practitioner becomes certain that the tumor which is felt through the walls of the abdomen, is the same as that which is felt through the vagina; the most satisfactory proof that it is an enlarged uterus. This method is applicable as early as the fourth or fifth month.

Before giving a decided opinion, one other expedient should be adopted. It is well known that the foetus is not closely embraced, but always floats in the liquor amnii. Let the patient then be placed in an erect posture, and then applying the finger (in front and a little below the os uteri) to the uterine tumor, push it gently upward; if the tumor be a foetus, it will follow the finger up and back again;—next give it a sudden push upward; if a foetus, it will leave the finger and again come down upon it,—a circumstance which will not occur in any disease of that organ. This is, in fact, the most conclusive part of the whole examination, and when made between the fifth and seventh month, and taken in connection with the result of the preceding trials, can seldom leave the attendant in doubt.—We regret that our limits will not allow us to give other views of the diagnosis proposed by Dr. G. Those we have offered, if attentively considered, cannot but prove highly useful to every medical practitioner.

ARTIFICIAL EYES.

DR. SCUDDER, the ingenious oculist, whose artificial eyes are said to have pupils which contract and dilate, and to wink and move in the same direction with the natural organ, is now at the Tremont House in this city. We have seen specimens of his ingenuity, and, after attentive examination, would recommend them with great confidence to those who are so unfortunate as to require such an appendage to the natural physiognomy. The artificial shell which is made to imitate the natural eye, is

fixed by Dr. S. directly to the ball, and consequently partakes of its movements, and allows the lids to close over it. This is what is called making an “*artificial eye to wink and move with the real one in any direction.*”

As to the contraction and dilatation of the pupil, few could expect any great power or extent of motion in the internal parts of a solid lens of glass. By an optical deception, however, the pupil, though perfectly stationary, does *appear* to alter its diameter with every motion of the enamel. As the latter changes its direction, the former *appears* to dilate or contract, and this, though these changes be ever so trifling. The manner in which this effect is produced, is as follows:—The pupil is represented by a black substance at the posterior part of a hemisphere of transparent glass, which occupies the place of the aqueous humor in the real organ. Around this substance the iris is represented,—not painted, but colored apparently in the glass itself. Thus viewing the black substance or pupil through a very convex lens, its size will vary according to the direction in which we look upon it. If we see it sideways, its size is greater than when the eye is cast upon it directly; and hence the apparent change in its size with every movement of the organ.

But further;—in some of the specimens we saw, the edge of the pupil was indistinct, except in a strong light, and this indistinctness was produced by the deep shade of the inner edges of the iris. The effect of this is admirable. If we bring the eye

to a strong light, the line of the circumference of the pupil is clearly distinguished; if now we remove it to a less powerful light, this line is not discerned, and being lost in the deep shade of the margin of the iris, the effect is an apparent increase of size, or, in other words, dilatation of the pupil itself.—By this very brief and imperfect description, the general principles on which these machines are constructed may be learnt. Dr. S. has doubtless brought the imitation nearer to the original than any one who has preceded him; and this meed will doubtless be accorded him in Europe, whither he intends going in a few months.

PARALYSIS OF THE FACE.

A CASE of palsy of the muscles on the right side of the face, has been recently cured at Guy's Hospital, by a blister over the cheek, kept open about three weeks, and the internal exhibition of Plummer's pill. A similar case, treated with strychnine sprinkled over the blistered surface, progressed more rapidly. The strychnine has been successfully exhibited, in the French hospitals, in cases of palsy of the extremities following colica pictorum.

On the Difference between Sea and Land Air.—Having learned

that, on the Baltic, asthmatic invalids were much better at sea than on the shore, M. Vogel analyzed the air a league from the shore, and concluded, 1st, that the air above the Baltic, a league from the shore, contains less carbonic acid than the ordinary atmosphere, and carbonic acid probably diminishes as we recede from land; and 2d, that the same air contains muriates in greater or lesser quantities.—*Edin. Phil. J.*

Rosaic Acid in Human Urine.—

M. Henry has observed in certain cases of acute rheumatism, accompanied by nervous fever, that the urine has been of a very red color, and produced an abundant deposit on cooling. On analysing the secretion in such cases, he found that it was very acid, that phosphoric acid and phosphate of lime were very abundant, and that the uric acid had almost entirely disappeared, and been replaced by rosaic acid in large quantities.

Post-mortem Examinations.—Mr. Walford has recently published a work entitled a Companion to Post-mortem Examinations. It comprises a description of all the appearances usually presented in such investigations, and must form a valuable aid in their pursuit.

THE Index to the second volume of the Med. Journal, will be sent to subscribers with our next number.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING FEBRUARY 5.

Date.	Sex.	Age	Disease.	Date.	Sex.	Age.	Disease.
Jan. 28.	F.	12 mo	dropsy on the head	3.	F.	83 yrs	old age
29.	M.	5 w	convulsions	M.	6 1-2		dropsy in the head
30.	F.	9 mo	infantile	M.	2 mo		infantile
31.	F.	24 yrs	convulsions	M.	58 yrs		inflammation on the lungs
	M.	65	frozen	M.	7 mo		lung fever
	F.	36	do.	F.	80 yrs		old age
	M.	7 mo	stoppage in the bowels	4.	F.	24	bursting of bloodvessel
	M.	28 yrs	consumption	5.	M.	2	lung fever
Feb. 2.	F.	2 1-3	lung fever	Males, 9,—Females, 8. Total, 17.			

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I.

TREATMENT OF CROUP.

[Mr. Wakley has recently published an essay on croup, by Mr. Surgeon Kemble, of Knowle, in Warwickshire, which contains some views peculiar to that practitioner. His success is represented to have been great. We offer below some extracts from the essay referred to. They will be found particularly interesting at this season of the year, when diseases of this description are frequent.]

IN this district, from local causes, the *croup* is unusually prevalent; and it has fallen to my lot, partly from the success alluded to, to witness more specimens than commonly occur to one person. We have also, at times, abundance of *bastard croup*. It is unnecessary here to dwell upon the symptoms, which, under the name of the former, do, with the ordinary treatment, so often lead to a fatal termination; but there can be no doubt, that, if activity of "antiphlogistic practice" and prompt attention only were requisite, the results would be far otherwise than they are reported to be, as there are very few infantile maladies to the rapidity and danger of which the public and the medical profession are more sensibly alive. I have been

induced to think that the fatality in croup is mainly attributable to an erroneous pathology, and, consequently, to the misdirection of our attentions in the mode of treatment; and death appears to me to be produced, at least in the generality of instances, not by the systematic violence of the peculiar pellicular inflammation, nor by the often trifling quantity of plastic effusion which attends it, but to be directly owing to the spasm which is obviously present, and operative, at least, to a certain extent, in every case. That the actual straitening of the oral aperture by false membrane is not generally the cause of death, there cannot be much doubt. I have never witnessed an examination after death by croup, where an opening has been left, such as to lead those present to think it adequate to the further prolongation of life; and in the recorded cases of cynanche laryngea in adults, this circumstance is still more forcible, while it is a strong concurrent fact, repeatedly observed, that the fatality in croup is in no wise proportioned to the extent of the tube affected, but rather correspondent to its site; those cases being most grievous, rapid, and fatal, in which the inflammatory process is developed directly upon the apparatus for contraction. Again, that inflammation in an open pas-

sage, lined by mucous membrane, and occasionally so limited as to leave but slight traces after death, should proceed rapidly to a fatal termination, by its effects on the system, is unsupported by analogy, and would be a very remarkable occurrence in the history of disease. I am therefore led to conclude, that the peculiar complex condition which we denominate inflammation, is not, in croup, the principal cause of death.

To preclude the admission of noxious bodies, nature has endowed the entrance of the lungs with a degree of irritability, very exquisite, even in the healthiest state. A morbid increase, or exaltation of the natural irritability, accompanied with afflux (whether cause or consequence), and the symptoms arising from these two states, constitute inflammation. Morbid irritability, occurring in the muscular and musculo-ligamentous tissues, exhibits those phenomena of abnormal and irregular contraction, which we call spasm. Without canvassing their specific nature and difference, or the reciprocal power of each to produce the other in every case, it is evident that spasm is of very frequent occurrence in textures immediately subjacent to an inflamed organ, or associated with it in office. Whenever the mucous lining, or other texture near the extremity of an open passage, is inflamed, the muscles connected with it, and particularly those subservient to its closure, are sure to partake of the spasmodic condition. Inflammation of the urethra, inflammation of the neck of the bladder, and abscess in the vicinity of the rectum, are obvious examples;

and the levator, the acceleratores, and the sphincters, are excited to frequent and irregular contractions. The natural and morbid irritability of parts is, I believe, pretty generally, in a direct ratio to each other, exclusive of circumstances of situation.

In the part attacked by the croup, the natural aptitude to contract every moment, for the purposes of self-preservation, is much greater than in the rectum and urethra; the apparatus is more complicated; the function is vital. A brief interruption, in the other cases but of little moment, is here, by the non-expansion of the great pulmonary receptacle, an obstacle to the return from the head; from that cause, an increased portion of the ascending current, unable to penetrate the cranium, is diverted, by the superior laryngeal branches, to the parts before oppressed; and thus the reflected consequence of the contraction of the aperture of the glottis by a spasm, is to aggravate its primary cause, — a specific inflammation of the mucous membrane; that secondary effect is productive of still further spasm, and, after repeated paroxysms, each depressing still lower the vital power, harassed by ineffectual cough, distressed for breath, and laboring at the heart, the little subject is destroyed. The immediate cause of death is a condition of the brain, which is inadequate to maintain the organic stimulation requisite for the continuance of those functions which constitute visible life; that state arises from non-oxygenation, the non-performance of which, in the very last act, is perhaps mainly to be referred to the presence of mucus, and in

some degree, perhaps, to the peculiar effusion in the larynx and trachea.—From the preceding view it follows, that were it possible, by the maintenance of narcotization, by the free use of antispasmodics, or by their joint co-operation, to effect the removal of spasm, to prevent any vexation but that arising directly from the inflammatory process, its course would be rendered milder, and it would probably re-approach to the nature of the common catarrhal affection, with which it always appears to commence. Time would be gained to establish some control over the local action by the ordinary means; and, for the removal or consolidation of the lymph, nature might be freely trusted to her own resources. A trial of considerable magnitude has convinced me that this view is substantially correct. The supposition of the important influence of spasm, derives confirmation from the success of the practice, which would be otherwise totally unaccountable. I am of opinion, that all the worst symptoms of the malady are attributable to the *spasm only*; that there is not anything in the specific nature of the action present, nor in the parts affected (excepting their great readiness to take on spasm), which should *necessarily* produce a very heavy mortality; and I feel satisfied that if, instead of combating inflammation, we resolutely, and from the commencement, address ourselves to subdue spasm, the termination of the great majority of the cases of croup will be far other than it has been. At all events, I can state distinctly, than in my hands the subjoined plan has been so remarkably fortunate, that I have

scarcely seen a fatal case since it has been adopted; and it has been equally successful in the hands of other persons at a distance, who have been apprised of these facts. It possesses the rare advantage of making *no inroads upon the patient's strength*; for I have frequently seen a child play, and, to all appearance, as well as ever, *on the third day*, after having had all the symptoms of true croup. And it may well be demanded, Of how few children could that be said, if they were merely subjected to the ordinary treatment *without any malady*? Bleeding “freely” with leeches, and perhaps from the arm, blistering the surface of the neck, applying caustic to the fauces, drastic purging, calomel by cartloads, and antimony “*usque ad nauseam*,” are quite enough to exhaust the life of an irritable and delicate infant. I never bleed or blister a child in croup; I have never thought it requisite to do so, since I have adopted the plan alluded to, although such an auxiliary practice would be in no other respect incompatible, than as tending to invalidate the general strength. The treatment I allude to consists in confining the child to a uniform and rather warm temperature, giving an emetic of ipecacuanha, and, in an hour after, commencing the following mixture:—

R. Rad. Valerian. Pulv. ʒij.
Oxymel Scillæ ʒi.
Tinct. Opii gtt. xx.
Aq. Dist. ʒi. - M.

I administer a teaspoonful every hour, if the child is from two to five years old: if from five to eight, every five-and-forty minutes, so as to maintain the ano-

dyne effect of opium, and the sub-nauseating, expectorant, antispasmodic effects of the squill and valerian, until the symptoms are removed, which commonly happens in ten or twelve hours, and which I have never seen protracted beyond eight-and-forty. On their subsidence, I have, in general, given a brisk dose of calomel and jalap.

This plan will also be found exceedingly efficient in whooping cough; and I can state, that when it is uncomplicated with tubercular disease, I have found my method more certainly and more speedily of use than any of the numerous procedures which are usually recommended.

II.

Case of Cartilaginous Structure of the Cervix Uteri in a pregnant Woman, requiring an Incision through the Os Uteri to render Delivery practicable.

By J. COTTON, M.D., of Marietta, President of the Medical Society of Ohio.

I was called to visit Mrs. S——, about twelve miles from Marietta, while in labor with her second child, in consultation with Dr. B——. She had then suffered more than forty-eight hours with severe pains. On examination, I found the os uteri about two inches within the os externum, and dilated to the size of half a dollar; but, instead of the soft and yielding appearance usual at such times, I was surprised to find it hard and rigid, and apparently of a cartilaginous structure. The cervix uteri did not, as usual, project into the vagina, but was continuous with it. I then under-

stood that she had suffered very greatly in her former labor, and was at length delivered with instruments. Much inflammation followed, which resulted in a sloughing of a portion of the internal parts of the vagina, and probably a portion of the cervix uteri; after which, adhesions took place in such manner as to obliterate the projecting neck of the uterus. Dr. B. informed me that the os uteri had remained in the present state for at least forty-eight hours.

We concluded to try the effect of copious bloodletting, which is oftentimes so efficacious in producing a relaxation of the os uteri, though I expected but little benefit from the operation.

We accordingly took, from a large orifice in the arm, about thirty-two ounces of blood, which produced considerable faintness, but not the slightest alteration in the state of the os uteri.

In the mean time, the woman had become much exhausted; indeed, she had been for a long time in feeble health, and had been supposed to be dropsical.

No hope now remained of effecting a delivery by ordinary means. Under these circumstances, we concluded to make an incision through the rigid os uteri, sufficient to enable us to deliver with the crotchet. Accordingly I made a longitudinal incision, of about one and a half or two inches in length, through the cartilaginous structure of the cervix uteri, selecting that part which seemed most rigid; and, by using the crotchet, was enabled to bring down the child, which was small, and in a half putrid state. No unusual hemorrhage occurred. The placenta, howe-

ver, we could not deliver; and after several ineffectual attempts, the cord having separated from it, and the woman becoming much exhausted, with laborious respiration and other unfavorable symptoms, we concluded to leave her to repose, thinking that the placenta would probably be ejected by the action of the uterus, when it should recover from its present exhaustion. The next morning she was much recovered, and in the course of the day the placenta was expelled. This woman afterward recovered without the occurrence of any very unfavorable symptoms.

This case exhibits the danger of an incautious use of instruments in the practice of midwifery, as there can be no doubt that the sloughing and consequent adhesions which occurred subsequent to her former confinement, had arisen from that cause.—*Western Journ. of Med. and Phys.*

III.

CHEMICAL OBSERVATIONS AND EXPERIMENTS ON TOBACCO.

By C. C. CONWELL, M. D.

THE subsequent paragraphs embrace a brief account of a series of analytical investigations, as carefully conducted as they were difficult in execution, on an article, the commercial and medical importance of which, as well as its almost universal consumption as a luxury, is too generally appreciated to require comment. It may be readily inferred, that a knowledge of its constituent principles cannot fail to be desirable. No complete analysis of tobacco, so far as I have read, has ever appeared before the

public, excepting that of Vauquelin, who makes mention of only a few principles, one of which, viz. starch, I do not find in that plant.

The following principles, complex and multiplied as they are, all enter into the tissue of the Tobacco leaf:—

1. Gum.
2. Mucus, or a substance soluble in water, as well as in spirit, and precipitable from either menstruum by subacetate of lead.
3. Tannin.
4. Gallic acid.
5. Chlorophyllin.
6. A green pulverulent matter, soluble in boiling water, and subsiding on refrigeration.
7. A yellow oil, evolving in a concentrated degree the peculiar odor, and possessing the taste of Tobacco; it is the poisonous principle of the leaf.
8. A large quantity of light yellowish resin.
9. Nicotin.

When Tobacco leaves are treated, according to the popular formula for the development of Piperin, traces of a crystalline structure may be observed; it is this substance alone, which, according to the received technology of English chemistry, should be called Nicotin.

10. Tobacco, treated like opium in Sertuerner's process for obtaining morphia, yields a white substance, soluble in hot, but nearly insoluble in cold alcohol; whether this substance be strictly analogous to morphia, I am not immediately prepared to assert.

11. A fine orange red coloring matter, soluble in the acids alone: this substance, when obtained in a solid form, possesses a bright red hue; depreciates before the

fire, and seems to enjoy neutral properties.

12. Nicotia.

There is not a more delusive term in modern chemistry, than Lignin: an analyst might be induced, by this term, to abandon his researches on vegetables, after alcohol, ether and water, at all temperatures, had acted on them; for, after digestion in these substances, plants are supposed to be exhausted of their principles; yet nothing can be more gratuitously asserted. Quercia was obtained from oak bark thus depurated by ether, spirit and water, and Tobacco leaves similarly treated, and forming what chemists would call Lignin, afforded a new alkali more strictly approximating to quercia in chemical habitudes than to any other known salifiable base.

Still Nicotia exists in a small quantity in the infusion and decoction of the leaves; but it may be more readily developed by treating with sulphuric acid the Tobacco, well edulcorated with ether, alcohol and water, and evaporating nearly to dryness.

The crystals of the sulphate being carefully washed, may be decomposed by aqua ammoniæ, which, combining with the acid, precipitates Nicotia.

This substance does not appear to be susceptible of a crystalline form; it is of a dull yellowish-white color, tasteless, inodorous, plastic and pulverulent; insoluble in ether, alcohol and water; soluble in excess of acids, and decomposed by heat; all its salts are tasteless and insoluble, unless acid predominate, and may be readily decomposed by ammonia. Sulphate of nicotia crystallizes in asteroid needles, which, under

the microscope, assume the form of quadrangular prisms. It is soluble in water, and contains a slight excess of acid; a circumstance which may serve to distinguish it from quercia.

Hydro-chlorate (muriate) of Nicotia is aggregated in stars, usually formed of from five to six crystals.

Borate of Nicotia is white, insoluble, and uncrystallizable.

The most diagnostic property of Nicotia, is perhaps its entering into solution with the vegetable acids, without forming with them any crystalline compound.—*Silliman's Journal*.

IV.

EROSION OF THE FACE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your 43d and 48th Nos. (vol. 2), I find communications from Drs. Brown and Merriman on the subject of "Gangrænosis," in which they express some doubt as to the idiopathic or symptomatic character of this disease. The object of the cases which I have given below, is not to throw light on the theropia of the affection, but to give some facts by which its idiopathic character may be established. I have not enumerated the particular symptoms, since Dr. Webber has, with little or no variation, described the character of all the cases which have fallen under my observation. All the cases occurred between the years '21 and '24, and between the months of July and October. In each of these years, our autumnal diseases were epidemic.

Case 1st.—William R., aged about 12 years, had been indisposed for some time; was requested to visit him, and found he had been laboring under autumnal fever (anctus) ten days; about six days previous to my visit, he had taken a dose of Submurias Hydr. as a cathartic, since which his mouth had been very sore. On examination, I found, at the left angle of the mouth, a black spot the size of a half-dime externally, and within much larger, involving the gums and teeth, two of which he had taken out with his fingers (inferior canine, and bicuspid.) The fever had ceased and appetite returned, yet the patient was delirious, and continually picking the dead parts from the sore. There was, in this case, as well as some others, a mercurial breath, which remained till it was overcome by the intolerable fetor proceeding from the extensive and extending gangrene. Believing it to be a local disease, the usual antiseptic remedies were applied, without effect; the patient died in two days. Before death, the disease had destroyed the side of the nose, the lips, the left eye, the cheek, and the under part of the jaw.

Case 2d.—The second case was Jane McN., aged two years; was requested to visit her on account of a small sore on the under lip, in the centre, the size of a large pea, which was black and lifeless, extending through to the gums; one of the incisors had fallen out. This had been a patient of mine about four weeks previous, under treatment for *bex convulsiva* (hooping cough), and was convalescent. The gan-

grænopsis was treated with general and local remedies, tonics and antiseptics; but, after spreading and involving the whole mouth, chin and throat, terminated fatally in six days from the first attack. This patient had taken no mercurial preparation whatever;—in the last part of the treatment for the previous disease, she had taken freely of a decoction of Scill. and Seneg.

Case 3d.—The third case was Nicholas N., aged six years, healthy and vigorous. One week previous to the attack, I was requested to give him an emetic, as he was laboring under symptoms of the prevailing epidemic. Antim. Tart. and Ipecac. were given. I heard no more till eight or nine days;—his fever had been removed by the emetic, and he had improved for three or four days, when a black spot appeared on the cheek, directly over the opening of Steno's duct, to which a variety of domestic remedies had been applied, to no effect; for the gangrene had attained the size of a dollar, and one of the molar teeth had fallen out. Local and general treatment was pursued; the strong mineral acids were applied in a diluted form, also given internally, and a blister applied over the diseased part; but the patient sunk on the twelfth day. A part of the forehead, the eye, nose, ear, part of the mouth and throat, were occupied by the disease before death.

Case 4th.—The fourth case was Mrs. D., aged 32 years, who had had an attack of fever of eight or ten days duration, which terminated in convalescence. During this illness, she took ten grains

of Submur. Hyd. and twenty of Pulv. Jalap. This was all the mercurial medicine which was administered in her case, and this in the first twenty-four hours of the attack. Twenty days after the calomel was given, I was called to prescribe for a soreness of the mouth, but, on a close examination, could discover no appearance of disease; the gums were not swelled, the tongue was natural, and no increase of saliva. Prescribed astringent washes. A few days elapsed, and the mouth was again carefully examined. A slight appearance of fulness in the roof of the mouth, under the palatine processes, was discovered; the surface of a leaden hue: on passing a probe close to the incisor teeth, the whole covering of the palate fell on to the tongue, perfectly dead, but attached near the uvula, leaving the bones denuded. The dead portion was removed as far back as possible; the most vigorous means, by local and general applications, were immediately resorted to; stimulants and tonics were plentifully used; undiluted muriatic acid injected into the mouth, and the parts washed frequently with a strong infusion of chamomile. After five days, the parts assumed a healthy appearance, and in two months, the whole of the left maxillary bone exfoliated and came away entire, containing eight teeth of the left side, including the four incisors. Both palatine processes, azygous process and floor of the antrum were entire: the bone separated superiorly at the lower edge of the infr. orbit. foram., leaving the floor of the orbit, the nasal process, malar bone, vomer and palatine bones, uninjured, separating

at the palatine suture; the alveoli and teeth of the opposite side sound. In two months, the parts were healed and the patient cured. She afterwards bore a child, and in five or six years died of phthisis pulmonalis.* This patient was strongly predisposed to scrofula, although there were no appearances of glandular disease. The surface of the face was not injured, the uvula and velum sound, and the patient little or none disfigured. The soft parts within the mouth had the same black appearance, smell, discharge, and phagadenic character, which attended the other cases.

Case 5th.—The fifth case was Wm. L., aged three years, who was attacked in May with E. rubeola, under which he suffered much. This had hardly passed off till *bex convulsiva* set in, and continued violent till July, when cholera infantum made its appearance, and reduced the patient very low. In the fore part of August, he appeared convalescent. A few days after this, with his fingers he removed the left infer. canine tooth: on examination, a black spot had spread to the size of a quarter of a dollar, extending on to the lip; local and general treatment, of the most vigorous kind, was adopted. The disease continued to progress, and in two days from the first appearance, had penetrated the lip in a perfect circle, leaving the border of the mouth sound: the diseased part was removed with the scalpel, but in a few hours was found progressing ra-

* Professor Caldwell, of Transylvania, in 1822, examined this bone, and believed it to be a scrofulous exfoliation.

pidly, and destroyed the patient in ten days. Before death, it extended from the left ala of the nose to the angle of the jaw, down the neck and over the whole chin. This patient had taken no calomel during his illness: in July, he made a free use of the decoction of Scill. and Seneg.

Case 6th.—The sixth case was Jane G., aged two years, who had had cholera infantum for two months, had taken small doses of calomel and was relieved, the appetite returning, when a black spot appeared around the inferior incisor teeth. The usual remedies were resorted to. The disease spread under the tongue, down the neck, and destroyed the patient before there was any ap-

pearance of the disease externally. After death, it was evident that the parts under the cutis of the neck were completely disorganized.

One other case occurred last week, but as it was not distinctly characterized, I shall omit it. I have been informed of four other cases in this section, but am unacquainted with the particulars, except that two recovered by the usual remedies, with a slight loss of substance in the cheek. Death followed immediately, on the vessels and nerves of the part becoming affected. There was, in no case, hemorrhage.

Yours respectfully,

G. S. B. HEMPSTEAD, M.D.
Portsmouth (Ohio), Feb. 1830.

SKETCHES OF PERIODICAL LITERATURE.

FRENCH TREATMENT OF INFLAMMATION.

WE were not a little amused, a few days since, in looking over an article in the *Revue Medicale*, entitled *Lemetique*. The author commences by adverting to the strong prejudice which has existed, at certain periods, against emetic substances, and particularly the tartarized antimony; to the fact that this substance was at one time proscribed in France, and that it owed its return to favor to the fortunate accident of being employed in the case of some member of the royal family which terminated favorably. To prove that the apprehensions entertained of its action are unfounded, the author cites cases of large doses having been swallowed by mistake without fatal conse-

quences, as well as the experiments performed by M. Magendie on animals, with corresponding results. With these preliminaries are introduced two cases, which the author probably thought would otherwise have staggered the faith of his readers, in which the article was prescribed in pneumonia to the extent of *half a grain every hour*,—and the patients recovered.

INFANTILE DISEASES.

A MORE interesting article, from the same Journal, contains an account of the practice of M. Guersent in the Hospital des Enfants in Paris. The account itself is furnished by another physician, according to a practice by no means unusual, as it would seem, in that city, and which,

if the state of medical politics would permit, might no doubt be adopted with advantage elsewhere. This hospital receives patients at all ages from birth till sixteen. They are visited by Dr. Guersent for three months of the year, during which time clinical lectures are delivered by him, which are said to be eminently practical and instructive. Nearly all the diseases of adults occur in the practice of the hospital, but their relative frequency is of course very different. The most prevalent forms of inflammatory disease are stated to be stomatitis, angina, gastritis and mesenteritis. Intestinal worms are often met with, but M. Guersent does not find such ill effects to result from their presence, or such benefits to follow their expulsion, as are stated by English and American practitioners. Those patients who come into the hospital without being vaccinated, receive vaccination before their departure. Some cases of smallpox occur there; but these are very rare.

The diagnosis of the diseases of young children who are unable to give any account of their own feelings, is confessedly a task of considerable delicacy. M. Guersent is said to have acquired, from the habit of seeing and prescribing for this description of patients, a peculiarly nice tact of observation. He himself compares his practice, in this respect, by a somewhat undignified simile, to the veterinary; inasmuch as the subjects of both are dumb animals. It is not stated whether the resemblance extends in any degree to the treatment.

The therapeutic plan adopted is very simple and cautious. Dr. G. belongs to the sceptic class in regard to the effects of medical treatment, and believes that a credit is often given to remedies, which is really due to the sanative effects of nature. This is the lesson which he has learned from the accidents which have occurred in practice; from the critical sweats supervening on sudorifics which were never swallowed by the patient, and the copious evacuations from diuretics which were only prescribed, Dr. G. regards the effects of remedies as, for the most part, limited to a small number of primitive medications, each of which may be produced by several different agents. When he administers medicine, therefore, as his views are usually limited to the production of these primary effects, the article is given in a decisive dose, and without combination.

Among the diseases of most frequent occurrence, is mentioned an epidemic catarrh or influenza, which sometimes invades at once all the inmates of the hospital. The fact that such a disease appears to be engendered within the walls of the institution, induces him to suppose that children, when placed together in large numbers, exert, through the medium of respiration, a peculiarly unfavorable influence on each other; and that their chance of health is better if dispersed among adults. With regard to this point, it must be extremely difficult to come to any satisfactory conclusion. The idea is an ingenious one, and deserves at least an attentive consideration.

To a practitioner engaged in the treatment of infantile diseases, whooping cough is a malady of peculiar interest. Dr. G. regards it, in its severer forms, as a complicated affection, extending from the fauces to the bronchiæ and the lungs; as always having something of a nervous or spasmodic character, but never existing independently of inflammation. He recommends emetics in the first stage, but condemns their use at a later period. Vesication is of doubtful utility, as its continued use tends to maintain febrile excitement. The bath, pure air and regulated diet, are the principal remedies to be relied on.

COLD APPLICATIONS IN UTERINE HEMORRHAGE.

A WRITER in a late German journal condemns the use of cold injections when hemorrhage occurs after delivery, and asserts that this practice is frequently followed by uterine or peritoneal inflammation. As a safe and effectual substitute, the writer recommends the application of cold water or ice to the abdominal surface. We are by no means so well assured that the latter plan is to be always adopted with safety. In our own practice, we have seldom employed it when it was not followed, in a greater or less degree, by the consequences above alluded to. That it is often necessary, it cannot be denied. A sudden and rapid hemorrhage is a very alarming occurrence, and places the life of the patient in immediate hazard. Whatever means, therefore, will most speedily control it, must, under cer-

tain circumstances, be resorted to. But it is true of this, as of many other evils, that a little prevention is worth a great deal of cure. Of many circumstances which influence the occurrence of uterine hemorrhage, one may be mentioned as deserving more attention than is always given by young practitioners. The circumstance we allude to is the management of the placenta. It is thought by many practitioners, that where this is not expelled during the first half hour from the birth, it should be delivered by the hand of the accoucheur. This operation, however, if not aided by the uterine contractions, is almost always followed by hemorrhage. It is said that the hand should be retained in the uterine cavity until it is, with the placenta, expelled by contraction. But this rule cannot always be followed, and there are circumstances under which it would be cruel thus to protract the operation. In the case of actual adhesions, which constitute a separate and troublesome complication, the delivery must be aided; but where the cause of delay is the inactivity of the uterus, it is a question of some interest, what means may be devised of avoiding the operation. We mentioned, in our last paper, that after a retention of hours and even days, we had found the administration of a cathartic to bring on expulsive contractions. This, however, would prove too tedious an expedient. In a case of premature labor which occurred to ourselves, the placenta was retained for nearly an hour. The state of the parts, and especially of the uterus

itself, seemed to preclude the hope of a mechanical delivery. A dose of ergot was administered, and the placenta was expelled. Whether the same treatment would be advisable at the full time, we do not undertake to decide; but as the article operates by causing uterine contraction, it would seem to promise greater safety in regard to the occurrence of hemorrhage than delivery by the hand. At least, we think it might be worth a trial.

In the present number, we have inserted a case of severe and protracted labor, reported in the *Western Journal* for January, in which it was necessary to make an incision into the os uteri, which was in a diseased state and nearly cartilaginous, in order to effect delivery. The case is curious and interesting

in this view, but we now refer to it with reference to the management of the placenta. What was the nature of the ineffectual attempts to remove this, we are left to conjecture. If they consisted in pulling at the placenta by the cord, they might, perhaps, have better been omitted. The resolution which was adopted, however, was highly judicious, and the reflection which suggested it is well deserving of consideration. In fact, the placenta will often be retained at the close of a long and difficult labor, and under circumstances of great exhaustion. In this state of things, it may certainly sometimes be better to wait till the organ, in common with the rest of the system, has gained new vigor, than to incur any hazard by a precipitate interference.

BOSTON, TUESDAY, FEBRUARY 23, 1830.

GANGRÆNOPSIS.

WE are happy to find that the attention of the faculty is directed to the investigation of the nature, causes and management of this afflicting malady. A remedy which has been used with some success in its local treatment, is the Peruvian Balsam. By keeping the diseased part constantly covered with this substance, the progress of the erosion has appeared, in some cases, to be arrested, whilst the internal administration of tonics enabled the system to rally its forces, and vanquish the disease. Every fact relating to this subject is valuable, and the reader will find

several very interesting and important cases ably presented in the paper of Dr. Hempstead, which we this day publish.

SPINAL DISTORTION.

M. PRAVAZ has published a work on the modes of distension proper to be used in distortions of the spinal column, and described therein an apparatus he has contrived, whereby such extension may be safely and effectually made. Active exercise enters into and forms a prominent part of the treatment of M. Pravaz, and the cases in which he has succeeded in diminishing such deformities, have given to his plan and ap-

paratus a great reputation in France. The Royal Academy of Medicine appointed a commission to examine into the subject, who have accorded to it a superiority over any heretofore proposed.—It does not appear that the commission were apprised of the apparatus contrived by Mr. Casey, of New York, or that of Dr. Grigg, of this city. The machine of the latter gentleman resembles that of M. Pravaz in an important feature, viz., the combination of exercise with the spinal extension.

STUTTERING.

IN describing this affection, Dr. Good imputes it to a spastic action of the vocal muscles in general, which, when not acted on by an energetic exercise of the will, do not obey the intentions of the speaker, but contract irregularly, and emit sounds which it was not his intention to utter. As an argument in favor of this explanation, he observes that in reading, in which the words are before the speaker, and the attention strongly fixed on them, the stutterer succeeds better than in speaking, where the freedom of choice in expression induces him to hesitate, and weakens his control over his own vocal powers. According to this theory, any circumstance which leads the stutterer to make a strong effort, which fixes his attention on the necessity of emitting certain sounds in succession, enables him also to succeed, and for the time to overcome his infirmity. Dr. Arnott, in his late work on Physics, offers a simple explanation of this phenomenon. By him it is attributed wholly to a

spasmodic closure of the glottis, occurring at short intervals, and making necessary a new effort of the voice to re-open the passage. The remedy, according to Dr. A., is to be found in keeping up a succession of sound from the throat, without any interval, so as to give the glottis no opportunity to close. As the theory, and the practice thus founded on it, are entitled to the credit of considerable ingenuity, we add a part of the preface which contains it, in the author's own language.

The most common case of stuttering, however, is not, as has been almost universally believed, where the individual has a difficulty in respect to some particular letter or articulation, by the disobedience, to the will or power of association, of the parts of the mouth which should form it, but where the spasmodic interruption occurs altogether behind or beyond the mouth, viz. in the glottis, so as to affect all the articulations equally. To a person ignorant of anatomy, and therefore knowing not what or where the glottis is, it may be sufficient explanation to say, that it is the slit or narrow opening at the top of the windpipe, by which the air passes to and from the lungs,—being situated just behind the root of the tongue. It is that which is felt to close suddenly in hiccough, arresting the ingress of air, and that which closes, to prevent the egress of air from the chest of a person lifting a heavy weight, or making any straining exertion; it is that also, by the repeated shutting of which, a person divides the sound in pronouncing several times, in distinct and rapid succession, any vowel, as o, o, o, o. Now the glottis, during common speech, need never be closed; and a stutterer is instantly cured if, by having his attention properly directed to it, he can keep

it open. Had the edges or thin lips of the glottis been visible, like the external lips of the mouth, the nature of stuttering would not so long have remained a mystery, and the effort necessary to the cure would have forced itself upon the attention of the most careless observer; but because hidden, and professional men had not detected in how far they were concerned, and the patient himself had only a vague feeling of some difficulty, which, after straining, grimace, gesticulation, and sometimes almost general convulsion of the body, gave way, the uncertainty with respect to the subject has remained. Even many persons who, by attention and much labor, had overcome the defect in themselves, as Demosthenes did, have not been able to describe to others the nature of their efforts, so as to ensure imitation: and the author doubts much whether the quacks who have succeeded in relieving many cases, but in many also have failed, or have given only temporary relief, really understood what precise end, in the action of the organs, their imperfect directions were accomplishing.

Now a stutterer, understanding of anatomy only what is stated above, will comprehend what he is to aim at, by being farther told, that when any sound is continuing, as when he is humming a single note or a tune, the glottis is necessarily open, and therefore, that when he chooses to begin pronouncing or droning any simple sound, as the *e* of the English word *berry* (to do which at once no stutterer has difficulty), he thereby opens the glottis, and renders the pronunciation of any other sound easy. If then, in speaking or reading, he joins his words together, as if each phrase formed but one long word, or nearly as a person joins them in singing (and this may be done without its being at all noted as a peculiarity of speech, for all persons do it more or less in their ordinary conversation), the voice never

stops, the glottis never closes, and there is of course no stutter.

The view given above of the nature of stuttering and its cure, explains the following facts, which to many persons have hitherto appeared extraordinary. Stutterers often can sing well, and without the least interruption,—for the tune being continued, the glottis does not close. Many stutterers also can read poetry well, or any declamatory composition, in which the uninterrupted tone is almost as remarkable as in singing. The cause of stuttering being so simple as above described, one rule given and explained may, in certain cases, instantly cure the defect, however aggravated, as has been observed in not a few instances; and this explains also why an ignorant pretender may occasionally succeed in curing, by giving a rule of which he knows not the reason, and which he cannot modify to the peculiarities of other cases. The same view of the subject explains why the speech of the stutterer has been correctly compared to the escape of liquid from a bottle with a long narrow neck,—coming, “either as a hurried gush, or not at all;” for when the glottis is once opened, and the stutterer feels that he has the power of utterance, he is glad to hurry out as many words as he can, before the interruption again occurs.

A VILLAGE LIGHTED BY NATURAL GAS.

THE village of Fredonia, in the western part of the state of New-York, presents this singular phenomenon. I was detained there a day in October of last year, and had an opportunity of examining it at leisure. The village is forty miles from Buffalo, and about two from lake Erie; a small but rapid stream, called the Canadaway, passes through it, and after turning several mills, discharges itself into the lake below: near the mouth is a small harbor with a light house. While removing an old mill

which stood partly over this stream in Fredonia, three years since, some bubbles were observed to break frequently from the water, and on trial were found to be inflammable. A company was formed, and a hole, an inch and a half in diameter, being bored through the rock,—a soft fetid limestone,—the gas left its natural channel, and ascended through this. A gazometer was then constructed, with a small house for its protection, and pipes being laid, the gas is conveyed through the whole village. One hundred lights are fed from it more or less, at an expense of one dollar and a half yearly for each. The flame is large, but not so strong or brilliant as that from gas in our cities: it is however in high favor with the inhabitants. The gazometer I found, on measurement, collected eighty-eight cubic feet in twelve hours during the day: but the man who has charge of it told me that more might be procured with a larger apparatus. About a mile from the village, and in the same stream, it comes up in quantities four or five times as great. The contractor for the light house purchased the right to it, and laid pipes to the lake, but found it impossible to make it descend, the difference in elevation being very great. It preferred its old natural channels, and bubbled up beyond the reach of his gazometer. The gas is carburetted hydrogen, and is supposed to come from beds of bituminous coal: the only rock visible, however, both here, and to a

great extent on both sides, along the southern shore of the lake, is fetid limestone.—*Silliman's Journal*.

Godman's Myology.—Dr. John D. Godman, of Philadelphia, is now publishing a work entitled *Elements of Myology*. It is to contain, handsomely executed, plates of the muscles, "on a plan heretofore unknown in this country." Illustrations of the subject will be drawn from comparative anatomy and physiology; and from the known ability and professional learning of Dr. G., we may anticipate, in this production, a valuable accession to our means of acquiring anatomical knowledge.

Lymphatics.—A morbid specimen has been presented to the French Academy in which the lymphatic vessels were greatly enlarged. Some are said to be as large as a man's finger, and the thoracic duct the size of a candle.

Medical Students in Philadelphia.—There are 394 students in the medical department of the University of Pennsylvania.

Lusus Naturæ.—We understand that a child was recently born in a neighboring town, with the unusual malformation of a double tongue. The most melancholy circumstance attending the case is that the child is a female.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING FEBRUARY 13.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Feb. 6.	M.	19 mo	croup	8.	F	24 yrs	consumption
	M.	2 yrs	measles		M.	40	do.
	F.	23	childbed	9.	F.	77	old age
	M.	3	bursting of bloodvessel		F.	6 w	unknown
	M.	23	disorder on the brain		M.	42	intemperance
7.	M.	3 d	unknown	10.	M.	8 mo	dropsy on the brain
	F.	18 mo	measles		F.	5 yrs	burn
	F.	44 yrs	palsy		F.	38	consumption
	F.	39	consumption		M.	33	bursting bloodvessel
	F.	74	cancer	11.	F.	1 w	unknown
	M.	70	old age		F.	15 mo	lung fever
	F.	72	do.	13.	M.	14 yrs	dropsy on the chest
	M.	30	consumption		F.	42	unknown
	M.	28	colic	Males, 13,—Females, 14. Total, 27.			

ADVERTISEMENTS.

NEW MEDICAL BOOKS.

JUST published, and for sale, by **CARTER & HENDEE**,—Malaria; an Essay on the Production and Propagation of this Poison. By **JOHN McCULLOCH**, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By **I. A. SAISSY**, M.D. Translated from the French, by **NATHAN R. SMITH**, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By **JAMES HAMILTON**, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

MEMORIA MEDICA.

THIS day published by **CARTER & HENDEE**, corner of Washington and School Streets, *Memoria Medica*,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "*Memoria Medica*" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., **W. CHANNING.**
Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by **J. D. FISHER**, M.D. This day published and for sale by **CARTER & HENDEE**, cor. of Washington and School sts. Price 62 1-2 cts.
Jan 26.

Published weekly, by **JOHN COTTON**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

I.

PECULIAR AFFECTION OF THE PERICRANIUM ;

Accompanied with remarkable Symptoms, and generally relieved by Division of the Membrane.

DR. ABERCROMBIE, in the second edition of his valuable work on the Diseases of the Brain and Spinal Cord, has an interesting chapter on a peculiar affection of the pericranium, occasionally met with in practice. Sir Everard Home was, we believe, the first who gave an accurate description of the disease, and Dr. Abercrombie has furnished such a neat abrégé of his opinions, that we cannot do better than copy the latter.

"In the cases related by Sir Everard Home,* the symptoms in general were headach, with various uneasy feelings in the head, and a painful tenderness of the scalp at a particular spot, with some degree of swelling or thickening of the integuments at the place. In one, the sight and hearing were considerably impaired ; and in several of the cases there were fits resembling epilepsy. They were treated by dividing the integuments and pericranium freely down to the bone, and then dressing the wounds with lint, so as to allow them to heal slowly with suppura-

tion. In making the incision, the pericranium was found morbidly sensible, and considerably thickened ; and in some of the cases indurated, approaching to the structure of cartilage. This treatment was in some of them followed by immediate and permanent relief ; in others, the patient continued liable to fits or head symptoms upon any excess. In some of them, the incisions healed without any affection of the bone being discovered ; in others, a portion of the bone appeared white and porous, or honey-combed, and a limpid fluid appeared to percolate through it, which returned immediately as often as it was wiped off. In one of these cases, the porous piece of bone exfoliated after the wound had been dressed with dry lint for six weeks ; the wound then healed, and the cure was permanent. In another, after waiting eight weeks for the exfoliation, he touched it repeatedly with diluted nitric acid, after which it exfoliated, and the cure was permanent. In one fatal case, he found the pericranium thickened into a mass of a fibrous texture, and, corresponding to this part internally, there was a similar thickening and induration of the dura mater. Most of these cases had been treated by long courses of mercury without benefit, in some of them with aggravation of the symptoms."

Mr. Crampton has described a

* Transactions of a Society for the Improvement of Medical and Surgical Knowledge, vol. iii.

disease somewhat similar in many respects, under the head of periostitis. It may be remarked, however, that Mr. C.'s cases do really resemble common inflammation of the periosteal tissue more than Sir Everard Home's, although there is a family resemblance between them.

"Among Mr. Crampton's cases, affecting various parts of the body, there are two remarkable examples of it in the head; the one acute, the other chronic. In the former, a boy of fourteen, the complaint began with a small angry tumor on the right side of the nose, from which, after some days, a swelling extended along the right eyelids and forehead, with considerable erysipelatous inflammation and fever. On the ninth day, he became suddenly comatose, then convulsed, and died on the twelfth. On dissection, the pericranium covering the frontal bone was found red, thickened, and detached from the bone, much purulent matter lying between them. Internally the dura mater was detached to an extent corresponding to the external disease, and a greenish puriform fluid was effused between it and the bone. The inner surface of the dura mater was also covered with pus; the pia mater was red, very vascular, and covered with pus to the extent of two inches, on the part corresponding to the principal disease of the pericranium.—The other case is that of a woman aged 32, who was affected with a tumor the size of a walnut over the left parietal bone. It was soft and elastic, and in its origin was ascribed to a blow six months before: there was an opening in the tumor, by which a probe could be passed down to the bone. She had intense pain in the left side of the head; the right arm

was wasted and paralytic, and the fingers were contracted; both lower extremities were feeble; her speech was indistinct; she had vomiting, and frequent epileptic fits. The tumor was divided freely down to the bone, and in doing so the pericranium was found thickened, firm, fibrous, and morbidly sensible. It formed the principal part of the tumor. The bone under the tumor was found rough and superficially carious. A portion of it was removed by the trephine, and the dura mater under it appeared very vascular, and rather thickened. For six days after the operation she had fever, extensive erysipelas of the head, delirium and convulsions. Suppuration was then established, and all these symptoms were relieved. In the course of the cure, a slough was detached from the dura mater. A fortnight after the operation, she recovered the use of her arm, and was free from complaint."

Tissot, Ponteau, and others, describe cases which bear some resemblance to those of Sir E. Home and Mr. Crampton, but the likeness may be fanciful, the comparison unsafe, and we therefore pass on to an instance related by Dr. Abercrombie himself.

Case.—"A servant girl, aged about twenty, fell backwards with a child in her arms, and received the full force of the fall upon the most prominent part of the occipital bone. She soon recovered from the immediate effects of the injury, but continued to have pain in the part; and, after several months, was seized with paraplegia and retention of urine. She was now confined to bed for three or four months, after which she

recovered the use of her limbs in a tolerable degree, but the retention of urine continued, and she came to Edinburgh in the beginning of 1828, which was more than a year after the accident. The paraplegia was now nearly removed, but she had still retention of urine, requiring the constant use of the catheter. On the seat of injury on the occipital bone, a round portion the size of a crown piece was acutely tender, and very moderate pressure upon it produced complete insensibility, which continued a minute or two, and returned as often as the pressure was repeated. It had the appearance of syncope, but the pulse was not affected. In this state I saw her along with Mr. Lizars, and it was agreed to make a free crucial incision through the part, and to keep the wound open by dressings, so as to promote suppuration. In doing so, the pericranium was found tender and somewhat thickened, but the bone was sound. On the following day she passed her urine freely, and she continued free from complaint as long as the wound continued to discharge. It healed at the end of a fortnight, and the retention of urine returned immediately. The incision was now repeated with the same result as before, her urine being passed almost immediately. Various means were then employed to promote a more complete suppuration from the wound, but it healed after two or three weeks, and the retention of urine returned as before, with considerable tenderness in the affected spot. A third incision was then made, with the same effect as before, and various applications were made with the view of promoting

exfoliation of bone, as in Sir Everard Home's cases, but without success; and the wound again healed after three or four weeks. The fits of insensibility on pressure now returned, which had not returned after the former incisions, and along with them the retention of urine.

"Since that time, repeated incisions have been made, with similar results. The principal change in her situation now is, that she has got free of the fits of insensibility, upon the spot being pressed; and the effect of the incisions has continued longer, as on several occasions she has remained free from the retention of urine for several weeks after the incisions were healed, and at one time enjoyed perfect health for three months."

We must confess that we are not without our misgivings on the real nature of the foregoing case. The age of the patient, the progress of the symptoms, the retention of urine, and the syncope without affection of the pulse, are features that look but too like those of hysteria, not to stagger our belief in the existence of organic disease. We have seen, and every practical person has seen also, worse symptoms than these dependent on the Proteian disease in question, and we verily believe that retention of urine and pain in the head, aggravated by the slightest touch, are amongst the more common of its forms. Of course, we do not venture to pronounce that Dr. Abercrombie's case *was* one of hysteria, but we think that reasoning on the published data, always inferior to personal examination, its aspect is suspicious.

We remember having witnessed a case of the kind described by Sir Everard Home some years ago, at St. George's Hospital. It was that of a widow, about 30 years of age, who presented some tumefaction over the left temporal ridge of the parietal bone, very tender upon pressure, accompanied with dimness of vision, much pain shooting to the opposite side of the head, disposition to slight vertigo, and numbness of the hands. There was an odd expression about the eyes and aspect which had rather a maniacal cast; her general health was pretty good. She dated her complaints to a severe blow upon the part received seven years previously, which stunned her at the time, and since the infliction of which she had suffered more or less from the symptoms we have enumerated. Mr. Brodie, under whose care the patient was, cut down upon the tumefaction and divided the pericranium. There was no perceptible thickening of the latter, but the bone appeared to Mr. B. to be somewhat enlarged. Several attacks of erysipelas of the face and head succeeded the operation, and it was long before she was able to quit the house. The pain in the head was certainly relieved, but we did not perceive much difference in other respects, and a few days ago, when we casually saw the individual, she was still suffering from swimming in the head, disposition to irregular flushings of the face, and other symptoms of unpleasant character.

In a clinical lecture delivered on the occasion, Mr. Brodie mentioned one or two interesting cases which he had treated with success. A man became affected

with pain in the forehead, and a tumor appeared. A fit of epilepsy succeeded, other epileptic attacks occurred at intervals, and three months after the commencement of the disease he entered St. George's Hospital. There was now a considerable tumor in the forehead; Mr. Brodie cut down upon it, and, finding that it looked like the affection of the pericranium resulting from serofulous inflammation, he removed it entirely from the bone, which was rough. The pain in the head was relieved, a layer of bone exfoliated, and the patient got well. In another instance, a woman received a blow upon the head, and ever afterwards suffered from pain in the part, which was slightly tumefied. She entered St. George's Hospital complaining of pain in the head, dimness of vision, numbness of one hand, &c.; Mr. Brodie divided the pericranium, which was a little thickened, down to the bone; and this patient also recovered perfectly.—*Med. Chir. Rev.*

II.

LEGAL MEDICINE.

A CASE has recently occurred in Paris in which a body was disinterred *seven years after burial*, and the fact of the individual having been *poisoned by arsenic* determined by chemical examination.

M. Orfila was asked, last June, if a body, removed from the grave after such a lapse of time, could possibly afford proofs of poison having been administered; and if so, in what manner such an investigation was to be conducted? To this question he replied, that it was very probable the body was already almost entirely reduced to

ashes, but that, nevertheless, if a sort of blackish coom was found at the sides of the spinal column, chiefly in the dorsal and lumbar regions, such mass might be analysed in the manner pointed out in his work on Toxicology. MM. Ozanam and Ide, physicians at Lyons, where the supposed murder had occurred, were requested by the legal authorities to proceed to the disinterment of the body of a man whom they suspected had been poisoned by his daughter in 1822, in the department of Ain. They accordingly did so, and found that nitrate of potass and hydro-sulphuric acid were acted upon by the suspected matters as by arsenic. The grave had been dug in a dry gravelly soil, in which there was a little sulphate of lime; and to this circumstance must doubtless be attributed the remarkable state of preservation in which the body was found. The coffin was entire, formed of thick planks of fir, which internally were quite dry. Although more than seven years had elapsed since the interment, the body was recognised by the priest, by the grave-digger, and even by some of the national guard who had assisted at the ceremony, and fired over the grave. All remembered the spot, and the individual was identified by the hair which yet remained, and by the teeth, all of which were still in their sockets, except one particular tooth, which he had lost before death; and lastly, the joiner recognised the coffin, which had been constructed with unusual care, being intended for a person of distinction. The head, trunk and limbs were entire, so that the stature could be measured. The chest had sunk in, the heart and lungs were blended together, and

presented the appearance of a dark ointment. The whole was without smell. The entire trunk was removed, the head and extremities being regarded as unnecessary to the investigation. The portion thus reserved for examination weighed nine pounds; of this, two pounds were set aside for a second series of experiments, in case those made on the first should prove unsatisfactory.

In these investigations, MM. Ozaman and Ide went on the supposition of arsenic being the poison, —this being the one employed in the great majority of cases. The matters above mentioned were boiled, the fluid evaporated to dryness, and the residuum thus obtained dissolved in distilled water. This produced a deep-colored liquid, which was but imperfectly deprived of its hue by chlorine. The distilled water charged with this extract, was again evaporated to dryness. At the same time, four ounces of nitrate of potass, placed in a matrass, were exposed on ignited charcoal. The suspected matter, well dried and rolled into little portions, was introduced. Each time this was done, a deflagration was perceived. It was then allowed to cool, and the residue again dissolved in distilled water. This solution was saturated with nitric acid, and afterwards subjected to the usual reagents, all of which indicated the presence of arsenic. Some small portions were treated with vegetable charcoal, introduced into a glass tube, and then heated. They gave out aqueous vapor; soon after which, small grey-colored and brilliant points were seen. A grain of metallic arsenic was thus obtained. Another portion, treated with hydro-sulphuric acid, fur-

nished sulphuret of arsenic ; and this, heated and acted on by caustic potass, afforded a portion of shining matter, which was easily dissolved in distilled water, by directing upon it a current of oxygen gas. By these various experiments, the fact of a considerable quantity of arsenic having been administered was thus demonstrated at the end of seven years, affording a striking illustration of the importance of toxicology in forwarding the ends of justice.—*Lon. M. Gaz.*

III.

CASE OF STONE EXTRACTED FROM THE FEMALE BLADDER.

By JAMES WILSON.

Mrs. H., aged 68, had been subject to calculous complaints for twenty years, and had passed many small stones ; for several months she had voided none, and her sufferings were become greatly aggravated. On introducing a sound, a large stone was easily felt. I was induced, in this case, to try lithotritry ; 1st, on account of the very favorable reports given of that operation ; and, 2dly, because the stone in this case appearing to be very large, it was probable that, by breaking it down, the fragments might be easily removed by dilatation of the urethra. I was aware that, in two cases in which dilatation of the urethra had been tried here, the stones, from their very large size, required a great deal of force for their removal ; this, doubtless, was the cause of incontinence of urine, which continued in both cases for a considerable time.

On the 8th of August, after filling the bladder with warm

water, Civiale's instrument, *à trois branches*, made by Wiess, was easily introduced, and placed in contact with the stone. It was found, however, that the bladder could not be kept distended, the injected fluid escaping by the sides, and also through the centre of the instrument, which I have no doubt added both to the difficulty and danger of the operation. Some of the lithotritry instruments are so constructed, that without their removal, the bladder may be distended by injection. The want of such an apparatus in the instrument which I employed, was found to be a serious defect. Many unsuccessful attempts were made to grasp the stone, and there was good reason to think that when the bladder became empty on the escape of the fluid, and contracted round the stone, its coats became entangled in the claws of the instrument. Much irritation was occasioned, and a considerable discharge of blood took place. At length, by raising the patient, who till now lay in a horizontal position, to a semi-sitting posture, the stone was partially seized, and drilled to the extent of a quarter of an inch. It then became necessary to change the position of the stone, in order to present a new surface for trituration, but it could not again be laid hold of, and the instrument was withdrawn, after continuing the attempts for at least three quarters of an hour. The patient was a good deal exhausted. Sixty drops of tinct. opii were given, and strict antiphlogistic treatment enjoined. No feverishness followed, and the pain, though severe, was certainly less than might have been expected from

the irritation produced by the operation. Some days afterwards, the paroxysms of pain occasioned by the stone became very frequent, and so severe, that on the 18th, ten days after the attempt at lithotrity, it was deemed necessary to do something for the removal of the calculus. From the total failure of the former operation, it would have been wrong to have subjected the patient to a repetition of the same risk, without the probability of removing the stone, which there was no reason to calculate upon in a second trial. The plan, therefore, of dilating the urethra was adopted, and performed with Weiss's dilator, with the most perfect success. The dilatation, to the extent of an inch and a half, was completed, without much pain, in ten minutes; a pair of strong forceps were introduced, and the stone soon laid hold of. It appeared to be very large, and I found a good deal of resistance was to be offered to the extraction. The forceps was then very firmly grasped, in order that the hold might not be lost, when fortunately the stone gave way, and was reduced to many fragments, which were easily removed by the forceps, scoop, and repeated injections. A dose of tinct. opii was again given. No bad symptom followed, and far less pain was experienced, both during and after the operation, than the former. On the second day, the patient was able to retain her urine, and to void it with ease in the ordinary quantity, which she has continued to do ever since.

It would perhaps be unfair to draw any conclusion unfavorable to lithotrity from a single, proba-

bly imperfect, and unsuccessful trial, at least on comparing it with lithotomy, which is always a hazardous operation; but in this instance it is perfectly legitimate to compare it with the operation of removing the stone by dilating the female urethra. A better opportunity could not have been found for forming a comparative estimate of the respective value of these different operations, and of showing the decided superiority of the latter over the former. Both operations were first attempts by the same operator, and therefore may be supposed equally unskilful, and both were performed on the same individual, with a very short interval of time between them. If there was any difference, that difference was in favor of lithotrity; for, at the commencement of dilatation, the bladder was in a much more irritable state than at the commencement of the former operation.

Since the above, I have seen the operation of dilating the urethra performed by Dr. M'Farlane, on a girl three years and four months old. The dilatation, to the extent of an inch, was effected by the same dilator in ten minutes, and a stone the size of a pigeon's egg extracted without difficulty. This girl was able to run about next day. Some incontinence of urine continued for a week or two, which has now gone off, and she is quite well.—*Glasgow Med. Journ.*

IV.

CRITICISM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the last number of the *North American Medical*

and Surgical Journal, are to be found some sharp critical remarks upon a work entitled "a Manual for the Use of the Stethoscope," which I was the means of introducing to the profession in this part of the country. I am content the writer should treat my additions to that work with little respect, for they did not claim to be "magnificent" nor magniloquent. The last London edition of the work contains three, if not four, introductory prefaces. In my edition, I dispensed with them entirely, and wrote a new historical and explanatory introduction, dated Nov. 1, 1828, which the advertisement stated was "intended to embrace the amount of all that was important in the prefaces alluded to, as well as that contained in various abstracts and reviews which have appeared, of treatises upon the different modes of investigating thoracic diseases, and in some other works which are not generally before the profession in this country." By which I meant to say, all that is important concerning the history and mode of applying the instrument called a Stethoscope; not all that was important on the subject of thoracic diseases. But I admit the language is ambiguous and faulty, and does not deserve to be rescued from the fangs of criticism: I give it up. My next complaint is better founded.

The reviewer states, "What principally attracts our attention in this abstract.....is the tone of local feeling and exclusively local knowledge which it betrays." This latter charge the reviewer rests solely upon my remark, that "in this country the stethoscope still (Nov. 1, 1828) remains a novelty." "Be it known to our

Salem friend," he says, "that the stethoscope was introduced into Philadelphia within somewhere about a year of its first publication; and that it has been used here since that time without interruption." Be it known to my Philadelphia reprover, that I received the 1819 edition of Lamenec and the first form of his stethoscope as soon as it could reach me from an assiduous friend then residing at Marseilles, and that others were received in this town and Boston about the same time. I have ever since been as constant to my stethoscope as a Dutchman to his pipe, or an Englishman to his umbrella, and others in this region are far more familiar with its diagnostic uses. But with people of this region generally, it is even yet "a novelty:" and unless I was very much misled in my inquiries at the time the "introduction" was written, there were but few physicians at the South and West who used it familiarly; and moreover I have misgivings that at this very moment it is not to be found in the pockets or the libraries of a majority of the physicians of the city of Medical Science, the Edinburgh of our country. I protest against the injustice of being taxed with the "locality" of my knowledge in this instance, which is the only one brought to prove the charge. But "local knowledge" may be excusable ignorance;—not so "local feeling" and "exclusiveness;" for this is illiberal, and unworthy the medical character. My reviewer says, "The editor seems to forget that there exist other States in this renowned Union than those east of the Hudson; he writes only for a 'New England climate' and 'the New

England practitioner.' Against this exclusiveness, which would erect a sort of provincial tribunal in literature, we enter our protest." Now this is hard measure, nay, it is *churlish*. I made no remark on which this odious charge could be justly grounded. I urged upon "New England practitioners" to learn the use of the stethoscope, because our moist and variable "New England climate" (God save the mark!) was prolific of consumption.

The North American Medical and Surgical Journal, although published under the auspices of an association which is said to be a secret one, is a clever periodical, and holds a good rank among the six or seven medical quarterly publications of this country. Of this the editors seem sufficiently aware. In their preface to the last number, which is the first of their fifth year, they assert that "they may, without unjustifiable vanity, add the encouraging belief, that their labors have not been unproductive of good to the profession. The impetus given to the progress and diffusion of periodical medical literature, has been, if not mainly their work, at least in no small degree owing to their efforts." "Rather magnificent, we should think," for a four year old! and not altogether respectful to the labors of contemporaneous reviews, most of which were commenced before the North American, to say nothing of the volumes upon volumes of the defunct New England Journal, and Chapman's Philadelphia Journal, and the Medical Recorder, and the hexades upon hexades of the Medical Repository, and the other me-

dical journals in Baltimore, Philadelphia and New York, in by-gone days,—all of which have had some little share in giving the impetus to "the progress and diffusion of medical literature." We certainly owe a great deal to the medical press of Philadelphia, and I am always ready to acknowledge my share of the obligation. This press is beyond comparison the most prolific in this country, and the craft of book-making flourishes in its vicinity. I think there were but *four* "systems of the practice of physic" published there during the past year.

The closing remarks in the review are liberal and good-humored. I accept the proffered "right hand of good will;" and "in testimony of this good will," I design to send the editors some little matters I have put forth in the past year, to cause the journal to be taken by some of us in this place, and perchance I may even be moved to aspire after the renown of figuring as a contributor to its pages. And especially do I enjoin upon Messrs. Carter & Hendee to furnish the rectangular city with a sufficient quantity of the "Manual" for their consumption, and whenever a new edition is called for, to leave out that abominable plate (which ought to have been better, as it was reduced from one of Soëmmering's), and correct some blunders in the authorship of the notes. And I most heartily and cordially agree that nothing can be more useful or desirable to readers, reviewers, publishers and authors, than a better understanding, and "more cordial co-operation" between all the parties.

M. M. S. S.

Salem, Feb. 22, 1830.

SKETCHES OF PERIODICAL LITERATURE.

MAL-PRACTICE IN MIDWIFERY.

AT an extraordinary session of the Royal Academy of Medicine in Paris, on the 29th of September, a Report was received from the Committee on the questions addressed to that body by the court of Domfront in the case of M. Helie. The circumstance which led to the prosecution of this individual, occurred no less than five years since, and some mention of it will be found in the 17th number of our last volume. The questions submitted to the Academy were four in number, but the main point of inquiry was, whether M. Helie, in mutilating the infant, acted conformably to the rules of his art? The reply reported by the committee was very simple and cautious. It recognised the difficulty of estimating with accuracy the precise situation in which an accoucheur may have found himself placed in a given case. It expressed, however, the conviction of the committee, that, at the time of the operation, the life of the mother was in great danger; and it defended the operation itself, as one the propriety of which, under certain circumstances, was clearly recognised by the best authorities, both ancient and modern. In conclusion, the report deprecates the interference of civil tribunals to punish mistakes committed by the practitioner in the conscientious discharge of his duty; denies that he ought to be answerable for such errors in a court of justice; and maintains that the existence of such a responsibility

would cramp the energies of the physician himself, and induce him to withhold his efforts at the very moment when decision and boldness were imperiously required. Some discussion ensued upon the last portion of the report, and a motion was offered to strike out all which followed the answers to the interrogatories. It was lost, however, by a large majority, and the report was accepted.

CROUP.

THE membrane formed in this disease is generally considered as a specific secretion. We see that M. Billard, of Angers, who is known advantageously for his treatise on the mucous membrane, takes a somewhat different, and, as we think, a more correct view of the subject. According to him, the elements of the diseased membrane exist in the ordinary secretions of the part. In accordance with this view, the action of calomel in these cases is supposed to consist in increasing and rendering less viscid the product of this secretion, so that it may be the more readily expelled. By those cases of death from croup in which we have witnessed the dissection, a similar idea has been suggested to us, with regard to the nature of the secretion, to that here stated by Billard. It may indeed, in some cases, happen that an organized membrane is produced with a secreting surface peculiar to itself; but more generally, we apprehend, the original mucous mem-

brane supplies the secretion, which, more condensed and adherent in the first instance than that of the healthy membrane, soon becomes more so in consequence of the loss of its moisture. Under these circumstances, the effect of copious and fluid secretion from the surface beneath, must be to loosen this morbid lining of the part, and thus facilitate its subsequent expulsion.

ENDERMIC MEDICATION.

IN a case reported by Dr. Bache, of Philadelphia, this mode of treatment is mentioned as having been employed with some advantage. As opium given internally was found to disagree with the patient, two grains of morphia were applied to a small blister in the chest. Its effect in alleviating cough was unequivocal, though the sleep obtained in this manner does not appear to have been sound or quiet.

SARSAPARILLA.

OF six or eight species of *smilax* which we are told are found growing in the woods of Guiana, there is but one which is known to possess any medical virtues, although the *sarsaparilla* of commerce is obtained indiscriminately from all. The best *sarsaparilla*, according to Dr. Hancock, whose residence in that country has afforded him peculiar opportunities of information, is brought from the interior, and belongs to a species which has not yet been described. Its medicinal powers seem to depend on an acrid pousseous matter, which is in some measure cover-

ed by the mucilaginous properties of the root. By long boiling, its activity is entirely destroyed. The peculiar odor which it gives out at the commencement of ebullition, soon ceases to be evolved; and its characteristic taste also disappears. *Sarsaparilla* prepared in this way has been administered to patients, and proved wholly inert, while another portion from the same parcel, exhibited in infusion, has produced decided effects in the same cases. When properly prepared, the root is bruised in a mortar, and then infused in water, which is to be kept for some hours near the boiling point.

MEDICAL REPORTS.

IT is a great object, in reporting medical cases, to omit all unimportant circumstances, and to retain only those facts which serve to illustrate the particular point of pathology or therapeutics intended to be brought into view. The selection of a few out of a mass of facts, and their neat and appropriate arrangement, require more skill and judgment than is generally supposed, and considerably more than are usually exerted. The practice of rendering reports tedious by crowding them with details which are foreign to the main subject, is very pleasantly attacked by a writer in one of the French periodicals.—“Nothing is more annoying,” says he, “than these insignificant narrations, made up without taste or judgment, and with the most tiresome monotony. ‘A young man aged twenty years,—a widow, still youthful and without children,—an old man, formerly addicted to indul-

gence.' They tell you precisely the ages of all the unfortunates of a hospital; inform you whether a patient's hair is brown or chesnut; whether his or her cheeks are pale, livid or rosy; give you even the height and breadth of the shoulders; and, after

all these particulars are determined, what is the conclusion? Why, that the stomach is red in gastritis, that gum-water is demulcent, or that one of M. Colombat's scalpels, can be carried successfully through a scirrhus os uteri."

BOSTON, TUESDAY, MARCH 2, 1830.

SINGULAR COINCIDENCE.

WHEN this nation mourned the loss of two of its most deserving and distinguished patriots, who departed together from the scene of their toils and their glory,—who closed their eyes on their country on the morning of its Jubilee, the wonderful coincidence attracted the notice and remark of every people in the civilized world. Remarkable coincidences of various character come to us in every newspaper, and few which have occurred since have been suffered to pass without record and comment. Allow us, reader, for the first time, to assume our share in this department, and to present you one of the most remarkable coincidences yet before the public.—We refer to an "Address delivered by PROFESSOR WILLOUGHBY to the graduating class, at the late Commencement of the Fairfield Medical Col-

lege." This Address is published entire in the paper printed at Little Falls, Herkimer Co., N. Y., Feb. 11, 1830, and is accompanied by some editorial comments, commending the merits of this happy effort of the learned Professor.—By referring to the 689th page of the first volume of our Journal, an Address may be found which was delivered by Dr. Sewall to a class graduating at the Medical College in Washington, March, 1827. The coincidence exists between these two productions.

Professor Willoughby has not only fallen into the same train of thought as Dr. Sewall, but in the arrangement of the heads of his discourse, in his mode of treating them, in the length and construction of his sentences, in his quotations, and his very words, there exists, not only a similarity, but an *identity* which is truly wonderful. We shall offer a few extracts from both these productions.

SEWALL, 1827.

GENTLEMEN,—In consequence of the absence of our venerable President, it has become my duty to address you upon the present occasion, on the subject of your moral deportment in future life; a duty which I cannot assume but with diffidence, as well from the delicacy of its nature, as from the responsibility which it involves, &c.

1. Maintain, gentlemen, a sacred regard to Truth.

WILLOUGHBY, 1830.

GENTLEMEN:

In consequence of the absence of our venerable President, I am of necessity the presiding officer of this institution; and as such, I feel it my duty to address you on the present occasion—calling to your minds some of those relative duties, the observance of which are indispensable to your prosperity as physicians, &c.

1. Maintain, gentlemen, a sacred regard to Truth.

SEWALL, 1827.

Truth is the great moral bond of society ; it is the very basis of moral character, the element of which all other virtues are only modifications.

"Early in life," says Dr. Franklin, "I became convinced that truth, in transactions between man and man, was of the utmost importance to the happiness of life, and I resolved from that moment, and wrote the resolution in my journal, to practise it as long as I lived. I knew its value, and made a solemn engagement with myself never to depart from it."

* * * * *

Falsehood is the offspring of a debased and grovelling mind, and is resorted to only to cover ignorance, or to conceal the workings of a dishonest heart ; and in no character does it appear more odious than in that of the physician.

"Of all lying," says Dr. Johnson, "I have the greatest abhorrence of telling a lie to a sick man for fear of alarming him."

Although there are many cases in which it is highly proper for the physician to encourage the hopes of his patient and dissipate his fears, there is no case in which it is justifiable to do it at the expense of truth.

To conceal from a dying man his situation, not only involves a sacrifice of truth, but is a violation of the highest principles of honor and justice. * * *

Remember the favorite maxim of that venerable moralist and philosopher, William Penn. "A man of veracity," says he, "is a true man, a bold man, a steady man. He is to be trusted and relied upon. No bribes can corrupt him, no fears daunt him." Be assured that where this principle is wanting, you will look in vain for any other virtue.

2. Be attentive to the sufferings of the poor.

This is a virtue for which our profession has generally been highly distinguished.

There have been but few physicians in any age or country, so merciless as to withhold their professional services from the poor, or so avaricious as to exact from them the pittance necessary to procure the comforts of life. The great and good of our profession, in all times, have regarded their attendance on the poor as a duty and a privilege, and no one ever faithfully administered to the necessities of this portion of the community, without receiving an ample reward.

Most of our great men have laid the foundation of their eminence in the experience they have derived from an attendance on the poor, and to this class they have been principally indebted for their introduction to more lucrative business. Sydenham, Boerhaave, Fothergill and

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Although there are many cases in which it is highly proper for the physician to encourage the hopes of his patient, and dissipate his fears, there is no case in which it is justifiable to do it at the expense of truth.

To notify the dying man of his dissolution, is as much our duty, as to encourage the desponding, when we believe them under the control of our remedies.

Bear in mind always, the favorite maxim of that venerable moralist and philosopher, William Penn. "A man of veracity (says he,) is a true man, a bold man, a steady man. He is to be trusted and relied upon. No bribe can corrupt him, no fears daunt him." Be assured that where this principle is wanting, you may in general look in vain for any other virtue.

II. Be attentive to the sufferings of the poor.

This is a virtue for which our profession has generally been highly distinguished.

There have been but few physicians, in any age or country, so inhuman as to withhold their professional services from the poor, or so avaricious as to exact from them the pittance necessary to procure the comforts of life.

The great and the good of our profession, in all times, have regarded their attendance on the poor as a duty and a privilege ; and no one ever faithfully administered to the necessities of this portion of the community, without receiving a conscious and ample reward.

Most of our exalted physicians have laid the foundation of their eminence in the experience they have derived from an attendance on the poor, and to this class they have been principally indebted for their introduction to more lucrative business.

Sydenham, Boerhaave, Fothergill, Cyl-

SEWALL, 1827.

Rush, furnish eminent examples of this truth.

Wherever your lot may be cast, gentlemen, let the poor be the subjects of your peculiar care, and while you derive a high satisfaction in relieving their sufferings, their diseases will open to you a field of observation and experience, of the highest importance to you in setting out in life.

Remember, too, that you are stewards appointed to dispense the bounties of a munificent Providence, and that what you bestow on the deserving, while it is a voluntary gift of your hands, is a debt that you owe, and are bound in duty to pay.

"Cast your bread upon the waters and you shall find it after many days." Yes, you shall find it before many days. Be just to the poor, and their gratitude and friendship shall protect and comfort you, when the applauses of the great, and the rewards of the wealthy, shall cease to follow you.

"When the ear heard me then it blessed me, and when the eye saw me it gave witness to me.

"Because I delivered the poor that cried, and the fatherless and him that had none to help him.

"The blessing of him that was ready to perish came upon me, and I caused the widow's heart to sing for joy."

Besides gratuitous attendance on the poor, there are *others*, on whom it will be equally your duty to attend without charge, such as the clergy of all denominations, and their families, physicians, and the widows and orphans of physicians, and especially indigent strangers who are taken sick from home. * * * *

3. In your professional intercourse, assiduously cultivate a *pure and elevated* style of conversation, *urbanity and gentleness* of manner, and *kindness* of heart.

These are virtues which adorn the medical practitioner, and it is deeply regretted that too often they compose no part of his character [and so on].

5. Be guarded against Infidel sentiments.

When we consider the peculiar character of our profession, as displayed in the wonderful structure and organization of Man [and so on].

6. Observe strict temperance in the use of ardent spirit.

There is no subject, gentlemen, on which I would entreat you with more earnestness than upon this. It is a rock on which many of the profession have foundered, a whirlpool into which many of them have been drawn.

The habits and the occupation of the physician [and so on].

7. Intimately connected with intemperance is the practice of gambling, a vice [and so on].

WILLOUGHBY, 1830.

len, and our immortal Rush, furnish eminent examples of this truth. Wherever your lot may be cast, gentlemen, let the poor be the subjects of your peculiar care; and while you derive a high satisfaction in relieving their sufferings, their diseases will open to you a field of observation and experience, of the highest importance to you in setting out in life.

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III. In your professional intercourse, assiduously cultivate a pure and elevated style of conversation, urbanity and gentleness of manner, and kindness of heart.

These are virtues which adorn the medical practitioner; and it is deeply regretted that too often they compose no part of his character [and so on].

Embrace, and revere the purity of PRIMITIVE CHRISTIANITY: let it secure you against Infidel sentiments.

When we consider the peculiar character of our profession, as displayed in the wonderful structure and organization of Man [and so on].

IV. Observe strict temperance in the use of ardent spirits.

There is no subject, gentlemen, on which I would entreat you with more earnestness than this: it is a rock, on which many of the profession have foundered—a whirlpool, into which numbers have been drawn.

The habits and the occupation of the physician [and so on].

Intimately connected with intemperance, is the practice of gambling; a vice [and so on].

The fact is, that about nine-tenths of this whole Address, for which Professor Willoughby receives the applause of the Editor, is verbatim the same as that of Dr. Sewall before referred to. A parallel case, we presume, is not to be found in the annals of literature. We could scarcely credit our own eyes when we read the Address of Professor Willoughby in the "original miscellany" of the Little Falls Gazette. Hoping there was some mistake which might be explained by the Professor, we waited a week for the next number of that Gazette, before presenting this parallel to the public;—the paper came,—the mystery remains unsolved, and we feel it a duty we owe Dr. Sewall, whose Address was originally published in this Journal, to withhold no longer the flattering evidence afforded by the foregoing facts of the high and merited esteem in which his paper must be held by the Fairfield Professor.

WAX AS AN APPLICATION TO ULCERS.

In some of the English hospitals, a covering of wax has been found excellent to promote healthy granulation in chronic, and even recent ulcers, on the extremities. Some cases are reported in which its efficacy was distinctly marked. It operates probably in no other way than effectually guarding the part from the

contact of the air, whilst it conforms to the figure of the diseased surface.

Acetate of Lead in Ulcerated Phthisis.—Some distinguished medical practitioners in Germany have found the sugar of lead an efficacious remedy in cases of chronic pneumonia when arrived at a state of ulceration. This salt was given in combination with opium, and the dose gradually increased, so that, in some instances, fourteen grains were taken in twenty-four hours. Two drachms were given to one patient in the course of thirty-two days.

Whooping Cough.—Numerous have been the remedies proposed for this disease, but few have been recommended with so much confidence as that recently adopted by Dr. Meyer, of Minden. He states that he never fails to cure whooping cough speedily, by the application of morphine (half a grain mixed with a little finely powdered starch), sprinkled on a small blistered surface (the cuticle being removed) over the region of the stomach, every night. In some cases, its curative influence has been so speedy that it seems to act like a charm. When the habit of the patient is plethoric, abstraction of blood by leeches applied over the region of the stomach, or to the temples, is much recommended.

Prize Essay on Iodine.—The Prize of \$ 50, offered by the N. Y. Medical Society for the best essay on the history and medical uses of Iodine, has been awarded to Samuel J. Hobson, M.D., of Philadelphia,

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING FEBRUARY 19.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Feb. 12.	F.	1 w	infantile		M.	32 yrs	liver complaint
13	F.	35 yrs	childbed	16.	F.	10 mo	whooping cough
	F.	53	consumption		F.	28 yrs	inflammation on the lungs
	F.	11	scrofula		M.	83	old age
	M.	53	lung fever		M.	18	accidental
14.	M.	6	unknown	17.	M.	2	dropsy on the brain
	M.	6 w	convulsions	18.	M.	3	lung fever
	M.	47 yrs	liver complaint		M.	75	cancer
	M.	38	unknown	19.	M.	70	unknown
15.	M.	14	hip complaint		F.	15 mo	do.
	M.	2	burn				

Males 14,—Females, 7. Total, 21.

ADVERTISEMENTS.

NEW MEDICAL BOOKS.

JUST published, and for sale, by **CARTER & HENDEE**,—Malaria; an Essay on the Production and Propagation of this Poison. By **JOHN McCULLOCH**, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By **I. A. SAISSY**, M.D. Translated from the French, by **NATHAN R. SMITH**, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By **JAMES HAMILTON**, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

MEMORIA MEDICA.

THIS day published by **CARTER & HENDEE**, corner of Washington and School Streets, *Memoria Medica*,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From **Dr. James Jackson**, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "*Memoria Medica*" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From **Dr. Walter Channing**, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., **W. CHANNING.**
Dec. 8.

AN ENGRAVING,
REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by **J. D. FISHER**, M.D. This day published and for sale by **CARTER & HENDEE**, cor. of Washington and School sts. Price 62 1-2 cts.
Jan 26.

Published weekly, by **JOHN COTTON**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, MARCH 9, 1830.

[No. 4.]

I.

CASE IN WHICH A FOREIGN BODY WAS
LODGED FOR NEARLY EIGHT MONTHS
IN THE ANTRUM.

By J. M. ARNOTT, Surgeon.

IN the month of September, 1828, I was consulted by a lady who had had discharge of a yellow, occasionally somewhat fetid matter, from the right nostril, for the last six or seven days, attended with pain in the cheek and corresponding side of the head. She had experienced feelings of uneasiness in the cheek during the preceding fortnight, which she attributed to having taken cold, as she believed her teeth to be sound. The matter coming from the nostril was puriform and thick, and was discharged at intervals; occasionally, more especially on waking, she was sensible of its presence also in the throat. No ulceration of the mucous membrane of the nostril was perceived. There was no increased redness of the right cheek; perhaps it was somewhat more tumid than the left. A small spot of caries was detected on the last grinder but one on the right side of the upper jaw: this tooth had never occasioned her any pain, and striking it did not produce any; it was the only unsound tooth in the mouth. I had it extracted, and no communication existing between its socket and the antrum, three days after I drilled

a hole, with a straight trocar, through the osseous partition into the latter cavity. On withdrawing the instrument, its point was found smeared with purulent matter, but several hours elapsed ere this began to issue through the newly-made passage: when the first, perhaps somewhat thicker portion, had passed, it continued to flow freely.

After this, the discharge from the nostril ceased, and, as the patient was called into the country, it was resolved to try what effect a dependent and ready aperture for the matter might have in remedying its morbid secretion. A piece of bougie, used as a stopper, and which, for the first two days, had been introduced only during meals, was now directed to be worn, but to be taken out several times daily, to allow the evacuation of the discharge.

On the patient's return from the country in a few weeks afterwards, I was informed that the discharge had at first diminished, that it then became almost stationary, and had for some time continued nearly so; that the retention of the piece of bougie had been difficult, its presence in the mouth inconvenient, and that it had not, therefore, been constantly worn. I now determined upon introducing a silver canula, and, after repeated trials with various ones made expressly and differently formed, a tube was

met with, which, entering easily, remained in its place without artificial fastenings, occasioned no inconvenience, allowed a ready passage for the discharge, and could be taken out and reintroduced with facility. This was inserted on the 6th of November, and left to be worn in place of the bougie, its lower aperture being stopped with cork. Injections were now resorted to, at first of warm water, and subsequently of solutions of various astringent substances; these, thrown into the antrum, passed freely into the nose. Solutions, gradually increased in strength, of sulphate of zinc, of oxymuriate of mercury, and of nitrate of silver, decoction of oak bark, and port wine and water, were employed, but without permanent advantage. Sometimes the discharge lessened under their use, occasionally it increased and was attended with pain, but more commonly their effect was nugatory.—Finally, after having endeavored, for more than two months, to arrest the discharge by means of these local applications, they were discontinued, and the patient contented herself with washing out the antrum twice a day with water simply.

On the 7th of April last, I was sent for by this lady, whom I found in a state of great alarm, from the following occurrence :—The discharge from the antrum had continued much as usual, but of late she had imagined that the silver canula was the cause of an unpleasant taste in her mouth, and mentioning this opinion to a female friend the preceding evening, this lady observed, that a piece of the pipe of the bone syringe which was used for injecting would make a very good tube, and occasion no disagreeable taste. The suggest-

ion was inconsiderately acted upon as soon as made ;—a portion of the pipe of the syringe was cut off and substituted for the canula, but being unprovided, like the latter, with a rim at its lower extremity, it passed within the passage, and the alarm of the friends being excited, they made various and repeated attempts, with bodkins, pointed scissors, &c., to extract it, but in vain. These attempts only served to push it further upwards, and it ultimately disappeared. Ashamed of their folly, it was only after having passed a disturbed night that the patient determined on sending for me.

On examination, I could not discern the piece of syringe pipe in the passage ; it had passed fairly into the antrum. I could not, however, with the probe, satisfactorily detect it there ; and this, with its presumed length (three quarters of an inch), which on the moment I thought too long to allow of its turning, led me to suppose it could not have gone in ; but a correct estimate being taken of the antrum, the former circumstance was readily accounted for by the limited extent of that cavity, which it was possible to reach with the probe passed in through a small opening in the alveola ; whilst the clear statement of the patient, the increased redness of the gum and cheek, and the great anxiety evinced for the extraction of the piece of pipe, dispelled any doubt of its having got within the antrum. The only mode of removing it was by trephining the walls of this cavity, but which I considered too severe an operation to have recourse to under these circumstances. The patient was informed of this, and that I should defer it until the appearance of more urgent symp-

toms. She was recommended merely to keep quiet, and her apprehensions of the consequences were endeavored to be tranquilized by the assurance that the piece of bone might remain for a long time in its present situation without producing much mischief, and that it might possibly find its way out; of which, however, I acknowledge that I had but little hope. The uneasiness which was felt in the cheek seemed to have been occasioned by the attempts at extraction; it subsided in a day or two, as did an increased quantity of discharge which had taken place. In the mean time, having procured an ivory tube of the same dimensions as the silver canula, it was introduced in place of the latter, and its use was unattended by the unpleasant taste attributed to the metallic one.

Contrary to what might have been expected, the abode of the piece of pipe in the antrum was not followed by any well-marked effects. There was no pain, redness, or swelling of the cheek. The general character of the discharge remained the same; it was puriform and white; occasionally it increased, with slight fetor and yellow color, and some uneasiness in the part, but these changes had also occurred previously.

The patient was accustomed to remove the tube every morning and evening, to wash out the antrum, which she had now acquired the power of doing without using the syringe, by merely filling the mouth with water, and forcing it to pass up through the passage into the antrum, from whence it entered the nose. On one of these occasions, in July, as she was taking a mouthful of water for this purpose, she felt something in the

aperture of the passage in the gum, which she withdrew, and imagined to be a bit of old linen. I found this to be a small piece of bougie, partially unrolled, with some of the composition off its surface; and, as none had been employed since the adoption of the silver tube, this must have remained in the antrum since the preceding October. The patient had been unconscious of its entrance, and could only surmise that it had been forced up by the pressure of the bolus of food during mastication, which might readily have occurred; for, as has been already stated, she had experienced great difficulty in retaining the bougie in its place; and in the country, where she had been obliged to use some of a smaller size, the piece had frequently dropped out during meals, and been swallowed.

The descent of this body naturally encouraged the patient to hope that the piece of pipe might come down in the same way; but after the lapse of some months, this hope was almost abandoned, when, on the 27th of November, as she withdrew the canula, some substance followed in the passage, which, projecting from the aperture, she drew out. This proved to be the piece of syringe pipe which had entered the antrum on the 6th of April. With the exception of being darkened in color, and the loss of its polish, this piece of bone had undergone no change; it measured almost seven-eighths of an inch in length.

From this time, the discharge from the antrum quickly subsided. At the end of ten days, it had ceased; and the canula, when now kept in three days continuously, and then withdrawn, contained no morbid secretion. The employ-

ment of the canula is continued for a short time longer, that the patient may satisfy herself of the complaint being permanently cured.—*Lond. Med. Gaz.*

II.

ON THE INFLUENCE OF IODINE IN BRONCHOCELE, SCROFULA AND ASCITES.

By Dr. BARDSLEY.

IN the volume of hospital facts and observations lately published by Dr. Bardsley, of the Manchester Infirmary, some very candid statements are given respecting the powers of iodine. Whatever may be the true explanation of the fact, it is certain that this medicine has not proved of such general and decisive efficacy in ordinary practice, as it seems to have evinced in the hands of those who first introduced it into notice. At the same time, it has shown such considerable power in arresting the march of disease in many instances, that it would be most desirable to ascertain in what cases it is likely to prove of service, as well as those in which it is not. Let us glance at its effects in bronchocele.

Dr. Bardsley gives a table, which shows that he has employed the iodine in thirty cases of bronchocele. Of the thirty, nine, or nearly one in three, were cured, and in none of these had the disease existed for more than two years. Six received some benefit, and the remaining fifteen were not at all relieved.

"In several of the above instances (which are selected from some others), it must be allowed that the iodine failed to produce any diminution of the tumors,

though its exhibition was regularly persevered in for many months, and the dose of the medicine gradually increased to as great an extent as the state of the stomach and strength of the patients would allow. My experience of the powers of iodine is opposed to the following statement of Dr. Gairdner:—"It seldom fails of effecting a complete cure, and when it does, it almost always reduces the swelling very considerably."* In some cases, large tumors have been much diminished in a short space of time under the external and internal use of iodine, but, *in not a few instances*, the beneficial influence of this remedy has been solicited in vain. Iodine will unquestionably be found a valuable medicine in some examples of bronchocele, but it is by no means entitled to the character of a specific in the affection."

We fancy that these opinions will accord pretty nearly with the experience of most unbiased practitioners. Dr. Bardsley is led to think, from the results of his trials, that iodine is a remedy at least of equal, if not superior efficacy, to any of the numerous substances that have been proposed for the cure of scrofula. He has seen it succeed, on several occasions, in removing enlarged scrofulous glands, after the failure of other plans of treatment. Dr. Bardsley has also been anxious to test its *real virtues* in a tuberculous state of the lungs. Need we mention the results of such experiments? Our author has derived little or no benefit from iodine in paralysis; nor, except in two cases, has he ever

* "Vide opus ante cit., p. 35.

witnessed any good effects from it in chorea.

"I have also made trial of iodine in chorea, but never witnessed any good effects from it, except in two cases. I am at a loss to account for the difference between the results of my experiments with iodine in paralysis and chorea, and those of Dr. Manson; for in his hands this remedy has proved almost uniformly successful. I wish, however, explicitly to remark, that I place the greatest reliance on the accuracy of Dr. Manson's observations; and his known candor and respectability of character entitle his statements to confidence. It is worthy of remark, that with several young females laboring under chorea, to whom I have administered the iodine for some time, the menses have not made their appearance until the sixteenth year. This I merely throw out as a conjecture, whether the action of the medicine in question upon the uterus could have any effect in retarding menstruation. It is a well-established fact, that iodine exerts a powerful action on the glandular system, for the mammæ occasionally undergo considerable diminution in size during its use. This is a point of some importance in the selection of this remedy for females."

In ascites depending on *supposed* enlargement of the liver, iodine has appeared to our author to be a medicine of great efficacy.—*Med. Chir. Rev.*

III.

FRACTURES OF THE LEG.

[The following cases are interesting as illustrative of the mode of treating such fractures in France.

These cases were managed in Guy's Hospital; and, as the straight position, with a splint on the inner side of the leg, is seldom adopted by English surgeons, it is probable they were here made an experiment to test the comparative value of the French practice.]

CASE I.—While J. M., æt. 30, was walking over Westminster bridge, with his cart and horses, he slipped from the high pavement and fell, his right foot turning inwards under him, so as to produce a fracture of the fibula, about an inch above the point of the outer malleolus, through the tibio-fibular joint, and one of the inner malleolus, from above to below and outwards, extending into the ankle joint. The inner malleolus, thus split off, was separated from the shaft of the bone, by the effusion into the joint consequent to the contusion.

When admitted, immediately after the accident, on Sept. 21, under Mr. Key, the nature of the injury was apparent; but there was so much tumefaction, that leeches were applied before putting the limb in splints. His leg was maintained in the straight position, on pillows, for a few days. The leech-bites ulcerated, requiring the use of poultices, and rendering the subsequent application of the bandages rather inconvenient. These were applied on Oct. 1;—a splint extended from the knee to the inner ankle, padded thickly to about half way down the leg, so as to press on the upper part of the tibia alone, and a small pad pressed the inner malleolus outwards; next, a long splint reached from the back of the thigh to the heel, having a foot-piece attached, and

well padded; including these, a roller was applied over the foot and ankle, in the figure of 8 mode, and another fixed the apparatus at the knee, beginning two-thirds up the leg.—No bad symptom followed.

On the 15th of October, he could bear the leg to be handled without inconvenience, and could move his ankle without pain, indicating pretty firm cohesion of the fractured bones. Four days afterwards, all splints were removed, and the limb merely banded.

On Oct. 29, five weeks after the reception of the injury, he left the hospital with a very straight leg, the ankle joint being only stiff in some degree.

Case II.—J. T. a stout healthy-looking man, fell, on Thursday evening, Oct. 29, over some bricks, by which his foot was bent under him inwards. On the following morning, he came to the hospital, with his leg greatly swelled and hot. A fracture of the fibula, about three inches above its point, and one of the tibia, separating, but not displacing, the inner malleolus from the tibia, were discovered.

App. hirud. xx. cruri, et postquam
foveatur, adhibeatur constanter,
Lotio Plumbi diluta frigida.
Cap. Col. c. Cal. gr. xv.

On Nov. 11, after the repeated application of leeches, the tumefaction was sufficiently subdued to allow the application of splints. As in the above case, a splint was put on the inner side of the leg, but with a foot-piece in addition, so that slight inversion of the foot was allowed, and the roller was applied so as just

to catch the point of the outer malleolus and counteract the muscles, which drew the fractured extremities towards the tibia.

On Nov. 30, his leg was quite straight, and the bones very firm, permitting motion of the foot in all directions without pain.

On Dec. 7, he was discharged from the hospital quite well, all splints having been removed for two or three days.

Case III.—This was a *compound* fracture of both bones, produced by a piece of timber falling on the leg of T. W., æt. 11. The tibia and fibula projected in front, each by a separate wound, at about two inches and a half above the ankle. The foot and ankle were greatly arched inwards, requiring a splint reaching from the knee to the foot on the outer side, to obviate this, and which kept the leg in a good line. The wounds were poulticed for some days, and on the 15th one was quite healed, and the other nearly so. Soon after this, however, acute erysipelas attacked the leg, which excited fear for the ultimate result, and retarded the progress of the cure in a great degree. Matter formed in the neighborhood of the wound, and the boy became so restless as to render the splints, applied loosely on account of the erysipelatous inflammation, of little value.

On Nov. 23, the sores were nearly healed, and the bones quite united and firm; but there was a very small sinuous communication with the lower portion of bone, which was denuded of its periosteum.

On the 25th, the sores were healed, the bones firmly united,

and the limb admirably straight. Pasteboard splints now superseded the others, and he was allowed to get up.

In five more days, or exactly ten weeks and a half after the time of the accident, the boy left the hospital quite well.

IV.

BLOOD IN THE LYMPHATICS.

Anomalous Exanthematous Eruption on the Neck and Lips,—Death.

A MAN, aged 36, of middle size, and rather robust, experienced for some days general indisposition, with considerable prostration of strength, without any apparent cause. He next perceived that the upper part of the neck, on the right side, became swollen, and covered with phlyctinæ, over a space equal in size to that of a five-franc piece. In the centre of this spot the epidermis was raised, and discovered the dermis, which was of a brown color. At the same time the lips swelled, and became covered with minute miliary vesicles. There was anorexia, fever, and oppression: the patient seemed to have the commencement of a severe attack of erysipelas, or even of malignant pustule. However, the general symptoms as yet indicated nothing alarming. The patient was ordered to be watched, while simple beverages and attention to diet were enjoined. He died the same evening, without having presented any other symptom.

Examination.

The cellular tissue, beneath the exanthematous patch on the

neck, was ecchymosed, but no other change was perceptible at this part. The stomach had elevated patches scattered over it, similar to those which are met with about the ileo-cæcal valve. The rest of the alimentary canal was free from disease. The body was sent to La Pitié for dissection, where some pupils, having removed the abdominal viscera, were proceeding to study the muscles of the loins and pelvis. In raising the peritoneum which covered the lower part of the spine, they found, on the last lumbar vertebra, and in the hollow of the sacrum, a set of vessels highly injected, and of a deep red color. Their disposition, numerous anastomoses, and connexion with the lymphatic ganglia, left no doubt of their nature, and it was perceived that all this system of vessels was filled with blood. Whence came this liquid, or how had it found its way into an order of vessels which does not naturally admit it? None of the neighboring organs had been the seat of hemorrhage; neither veins nor arteries were altered; in a word, there was nothing to explain the phenomenon. These lymphatics were traced upwards, with great facility, into the thoracic duct, which was injected in the same manner, even till its junction with the subclavian vein, which was in its natural state. The liquid from the lymphatics was analysed by M. Barruel, and ascertained to be really blood; and a drawing was made from the preparation by Dr. Carswell, so as to preserve the appearances.

Changes in the lymphatic system become less rare, in proportion as investigations relating to it multiply. Besides the facts re-

corded by M. Andral, others have been collected in England and Germany, which prove that the thoracic duct is susceptible of alterations no less severe than numerous: it has been found filled with pus, with softened medullary degeneration, &c.; obliterations of the duct have been noticed; partial dilatations and strictures, or narrowings, of a greater or less extent; its parietes have been found ulcerated, thickened, and altered in various other ways. But the particular pathological fact which we have above related, is regarded by MM. Dupuytren, Breschet, and Sanson, as unique.—*Lancette Francaise*.

V.

ORIGIN OF POST-MORTEM EXAMINATIONS OF THE KINGS OF FRANCE.

THERE is a disposition inherent in the human mind to invest those removed from the common sphere of life with attributes that appertain not to ordinary mortality. Who that reads the exploits of Alexander, can picture to himself the Macedonian demigod subject to those little corporeal annoyances that chafe the temper of Mr. Thompson or Mr. Smith,—can imagine Hercules troubled with constipation of the bowels, or Julius Cæsar plagued with corns, albeit

He had a fever whilst he was in Spain!

But human nature is human nature still, however the grand, the moral, the intellectual *spiritus* may dazzle the eyes of the astonished world; and a hero and a costermonger suffer in no very unequal degree from those bodily inconveniences and ills to which

flesh is heir. Sylla was destroyed by the lousy distemper,—Napoleon le Grand, l'Invincible, as a foolish universe once thought its scourge, died of a *malignant* disease,—and our own race of kings have notoriously suffered from the complaint which is usually the property of the squalid and the needy,—scrofula. Some very curious and interesting documents have been published in France, respecting the examinations of the bodies of their kings, from Charles the IXth to the last Louis. Previously to the times of Charles, the prejudices of the people and the opposition of the clergy restricted the examination of bodies to that of executed criminals. It was not to be supposed that the haughty sovereign of a feudal nation should descend to the level of felons, of those whom the ideas of the times would scarcely have ranked in the same class of beings as himself. It required some extraordinary event to establish the necessity for royal dissections, and such an event presented itself in the remarkable death of the ninth Charles. This Gaulish representative of the Neros and Domitians of the world, is execrable to all time by the massacre of the Hugonots at Paris, on St. Bartholomew's day, in 1572. When the hour for that dreadful outrage approached, being upbraided with indecision by the savage Catherine de Médicis, his mother and the regent, he exclaimed, "well then, let not one be left to reproach me with breach of faith!" He even fired with his own hand on the miserable wretches endeavoring to escape across the Seine. It was said that from this time to his death, which took

place in May, 1574, he never enjoyed a tranquil hour, and various reports were bruited about respecting the mode of his decease. Many regarded the event as a punishment for his enormous crime, and asserted that he fell the victim to a *sweating of blood*; others, on the contrary, attributed it to the machinations and ambition of the Duke d'Alencon. In order to set at rest all rumors

and dispel these suspicions, Catherine decided that her dear son should be examined; and Charles was thus the first king of France, the first descendant of Charlemagne, whose body was profaned by the scalpels of his subjects. From that time to this, the examinations of their monarchs after death has become a matter of court-etiquette in the French dominions.—*Med. Chir. Rev.*

SKETCHES OF PERIODICAL LITERATURE.

THE NEW MEDICINES.

DR. BARDSLEY, of Manchester, Eng., has recently published the results obtained from extensive trials of the new medicinal articles. Although our acquaintance with his work has been derived through the medium of the journals which have noticed it, the facts contained are so interesting as to induce us to lay them before our readers.

The first remedy mentioned as having been extensively tried, is strychnia, or strychnine, an alkaline substance derived from the *nux vomica*. The powers of this vegetable in paralysis have for a considerable time been known to the profession. It appears, in fact, to exert a peculiar and decided influence on the nervous system. In animals killed by it, no marks of inflammation or organic lesion have been found; but death appears to have been the consequence of asphyxia, produced by the immobility of the chest during the tetanic spasm of the thoracic and abdominal muscles. Magendie established the fact, that *nux vomica*

produces a peculiar effect on the spinal marrow, the nerves issuing from it, and the muscles supplied by those nerves; and this conclusion, among other causes, led to its being employed in paralytic affections of the lower extremities. Dr. Bardsley himself commenced his early trials with the *nux vomica*, but was induced to adopt the strychnia in place of it, as being more certain and uniform in its operation.

The number of cases mentioned in which the article was employed by Dr. B. for paralysis, was thirty-five. Four of these, less remarkable, but probably not less fortunate than the others, are omitted by the reviewer. Of the remaining number, eighteen were cured, and eleven relieved. The strychnia was commenced in the dose of one-sixth or one-eighth of a grain twice daily, and gradually increased until unpleasant symptoms occurred. The time required for the cure varied from one to four months. It was almost always preceded by convulsive motions of the extremities, and in one in-

stance by a sensation of heat in the course of the spine. The dose usually arrived at as a maximum, was half a grain twice or three times a day.

The other complaints in which the same remedy was tried, were chronic diarrhoea and amenorrhoea. Of eight cases of the latter disease treated in this manner, six are stated to have been cured, and two relieved. This success is very remarkable, particularly as two of the cases related were of long duration.

Brucia, another alkali found in the *nux vomica*, was employed in cases of paralysis, and with some success. It is a less energetic substance than the strychnia, and was taken to the amount of two grains at a dose, three or four times daily.

Dr. B. employed the acetate of morphia in several cases in which opiates were indicated, and particularly in neuralgia. His conclusion with respect to this preparation is, that it possesses the useful properties of opium, without inducing the unpleasant effects caused by a free use of that drug. He especially recommends it where it is desirable to produce a narcotic effect, and yet avoid constipation. A quarter of a grain is the commencing dose for adults, which may be gradually increased, if necessary.

Our author has remarked a great analogy to obtain in regard to medicinal effect between veratria, a substance obtained by Pelletier from the *veratrum sabadilla*, and *colchicum*. In fact, the former substance is now known to exist in the meadow saffron, and has been obtained from

it. The commencing dose of the veratria is one-fourth of a grain.

Dr. B. recommends the internal use of iodine in the form of hydriodate of potash. The proportion of half a drachm of the salt to an ounce of distilled water, furnishes a solution of which ten drops may be taken twice or thrice daily.—Some account of his experience with this medicine in Bronchocele, Scrofula and Chorea, will be found in another part of our paper.

With respect to the emetine derived from the root of *ippecacuanha*, he remarks, that in the dose of five grains, dissolved in two or three ounces of rose water, it has proved an active emetic. Half a grain, every five hours, has acted as a diaphoretic; and a fourth of a grain, every three hours, as an expectorant. These effects are produced with great certainty. It may be recommended as a substitute for *ippecacuanha* in the treatment of children, and likewise in certain idiosyncrasies, in which the effluvium of that article produces pernicious effects; which is said to have been the fact in some instances.

All the above articles may be procured of the Apothecaries in this city.

DETECTION OF POISONOUS SUBSTANCES.

DR. CHRISTISON, Professor of Medical Jurisprudence in the University of Edinburgh, is now publishing a series of cases illustrative of this branch of medical jurisprudence. The circumstances attending one of these afford a striking proof of the minuteness to which chemical ana-

lysis may be carried.—Six persons in the same family were taken ill at dinner, so that nearly all were obliged to leave the table before the cloth was removed. The symptoms were sickness, vomiting, pain in the bowels, and, in one instance, diarrhoea. The only article which all recollected to have taken, was soup. A quantity of this, therefore, and also a portion of the matters vomited, were sent to Dr. C. No poisonous ingredient could be detected in the former; but the latter, being subjected to appropriate tests, yielded somewhat less than the 250th part of a grain of arsenic! The extreme minuteness of the quantity produced, as may be supposed, some hesitation on the part of Dr. C. in making up his report; since it seemed possible that this amount might have adhered to the surface of the vessels employed in the analysis. Fortunately, it occurred to the party that they had all taken wine, three varieties of which were on the table. The three wines were subjected to examination. Two of the varieties furnished no positive result; but, from the remains of a bottle of champagne, which, like the others, was free from any taste except that of vinous sweetness, a precipitate was obtained, the arsenical nature of which was satisfactorily proved. Two ounces of the wine gave one grain and a quarter of sulphuret of arsenic, corresponding to one grain of the oxide. As each of the six individuals had taken one glass of the wine, the conclusion was that each had swallowed a grain of this substance. How the arsenic was introduced into the bottle, which

was uncorked at the table, is not so easy to say.

POISON OF FAT.

DR. HORN, of Berlin, has lately obtained a poisonous substance from animal fat, by means of distillation with water. It is described as passing into the receiver in the form of an ethereal oil, mixed with a certain quantity of aqueous fluid. Three drachms of this oil were given to a middle-sized Pomeranian dog, and, though a great part was rejected, the remainder proved fatal within twenty-four hours. The aqueous fluid which passes over with the oil, likewise possesses poisonous properties, — 3 vi. proving fatal to a dog at the end of two days. The animals died tranquilly, and without convulsions. The oil is said to have presented acid properties, but is to be distinguished from the true *acid of fat*, which has no poisonous effect.

PYROLIGNEOUS ACID IN ULCERS.

DR. SIMONS, of the Almshouse Hospital, Charlestown, has published several cases of gangrenous and unhealthy ulcers treated with the pyroligneous acid. Dr. S. was led to employ this substance from a consideration of its antiseptic properties when applied to dead animal substance. The event justified his anticipations. Some old ulcers which had resisted every other mode of treatment, when dressed in this manner, soon put on a healthy appearance, and were healed very rapidly. Dr. S. recommends that the acid should be used at first of a sufficient

degree of strength to cause a smarting sensation in the part, and to be gradually diluted as the surface becomes healthy. The cases may be found in the American Journal for February.

CASE OF SEA-SICKNESS.

DR. WARE, of this city, has recorded the particulars of a case in which a long-continued sea-sickness was followed by loss of memory and other indications of mental debility. We shall not attempt to give the particulars of the case, which is rendered extremely interesting by the accurate manner in which the symptoms are described, and the philosophical view taken of the phenomena presented. Sea-sickness, however unpleasant during its continuance, is generally considered as free from danger, and as often producing a change in the system which is favorable to health. That it sometimes occasions alarming debility and exhaustion, has already been remarked; but the occurrence of permanent local or general disease from its continuance, is certainly very unusual, and we are not aware that any such instances are on record.

SMALLPOX AFTER VACCINATION.

A LATE number of the London Medical Gazette contains an account of four cases of smallpox occurring after vaccination. Two of these were of mild character, and went through their course without causing much disturbance. The third was a well-marked and severe case, in which the eruptive character of the disease was fully developed. The fourth case, which occurred in a child five years old, proved fatal on the fourteenth day. The patient is said to have been vaccinated when an infant.—We regret that the proof of this fact is not particularly mentioned, as death from smallpox after vaccination is so rare an occurrence as to be thought, by some of the advocates for this practice, almost an impossibility. We are not aware of having seen a case, previously to the present one, where this fact was established beyond the possibility of doubt. The efficacy of vaccination is now so universally acknowledged, that it stands not in need of any glossing or concealment of its failures; and if such a fact as that reported actually occurred, it deserves to be generally known.

BOSTON, TUESDAY, MARCH 9, 1830.

A LIVING SKELETON.

IN the 1st volume of this Journal may be found some notice of an individual known by this appalling title, who had been seeking some tangible consolation in his misfortune from the curiosity of John Bull and her

continental neighbors. A person is now exhibiting himself in this city, who has assumed and richly merits the same designation. The name of this mummy-like spectre, or *Living Skeleton*, as he is called, is Calvin Edson. He was born in Stafford, Conn., in 1788. In 1813, he en-

listed in the army, and was, subsequently, in the battle of Plattsburgh. Having been two nights without sleep, and being extremely fatigued, he seized the first moment "after the British had run away," for repose, and throwing himself on the ground, with his face downward, he fell asleep. When he awoke, after about ten hours of comfortable rest, he found his limbs cold and stiff, but, after rubbing them well, he proceeded on his way with little inconvenience.

At this time, Mr. Edson weighed 125 pounds, and was, according to his certificate, five feet four inches high. Although he suffered no material inconvenience from this exposure, he very soon remarked that he began to lose flesh; and his emaciation has continued, without abatement, to the present time. He is now five feet two inches in height,—measures about 25 inches round the upper, and 22 inches round the lower part of the chest;—the circumference of the arm (about its centre) is 8 inches; of the forearm, 4 1-2; the thigh, 10 1-2; the calf of the leg, 9 1-2; and the leg, just above the ankle, 5 1-2 inches. We could discover no distortion of any part of the body, or any mark whatever of existing disease. He looks and feels in perfect health, and is possessed of ordinary strength. His pulse is regular, and about 100 in the minute,—excited probably by the number of visitors constantly about him. He walks about like any other man, with no appearance of debility; but, the adipose substance having been wholly absorbed from the soles of his feet, he steps lightly, and not without some

soreness in this part. His appetites and passions are natural and unabated; he eats as much as ever, and drinks—a little too much; he is not at all particular in the articles of his diet—making a full and good meal on whatever is set before him,—and says he was never sick in his life. The functions of the kidneys and of the digestive apparatus are performed with great regularity and without any excess; his skin is dry, as is usually the case in persons who are emaciated. He has four children, the youngest of whom is but eight months old; he is clad thin for the season, seldom suffers from cold, and "can chop a cord of wood a day without being fatigued."

The family of this singular object is not remarkable for any personal peculiarity. His father is a large man, and his brothers are some above and others below the ordinary stature. Although it is manifestly impossible to assign for his emaciation any specific cause, yet he assures us it commenced just after the exposure at Plattsburgh, and has been gradual ever since; within the last year even he has lost flesh, and at present weighs but 60 pounds. His proportions are good, his intellect is wholly unimpaired, and his spirits are in no measure depressed.

This singular individual has been visited by many of the Faculty, as well as crowds of the curious,—and all agree in regarding him a phenomenon truly wonderful, and, we must add, wholly inexplicable, in the present state of our knowledge.

In the general appearance of Mr. Edson there is nothing revolting. He

is neat in his person, rather grey for his age, and dresses, quite à la mode, in tights.

ESSENTIAL OIL OF COPAIBA.

It is unquestionably a desideratum to find some mode of administering the Balsam Copaiba less offensive to the stomach and less revolting to the taste than the mixtures in general use. Much more is it desirable to exhibit it in form of pills,—were such thing possible with anything less than a pint measure to keep them in. The importance of this object has led to many propositions for its accomplishment, most of which have failed. It was said, at one time, to form, with calcined magnesia, a mass suitable for moulding into pills, and much less bulky than any previous combination. Although the hands of expert chemists might have succeeded in making such a compound, the attempt is well known to have failed in those of ordinary apothecaries.—We recollect well to have tried several, but could never come to anything like the results said to be derived from this mixture, even when Henry's and other thoroughly calcined magnesia was used.

An article termed *Consolidated Copaiba* is sold at several of the shops, which has strongly the odor of the balsam, and is easily convertible into pills. We apprehend this is only some mixture of the balsam itself, and requires to be taken in very large doses;—and even so, we have no evidence of its efficacy. It deserves a trial, and the result should be made known to the profession.

The next most promising discove-

ry was that of Mr. Thorn. By evaporating the balsam slowly to the consistence of an extract, he procured a resinous principle, which, in small doses, was said to be effectual in curing gonorrhœal inflammation. Cases of the most encouraging character came to us from Mr. T. and his friends, and we procured some of the extract, and tried it on several patients in different stages of the complaint. With us it proved a remedy,—if so it may be called,—of no power whatever over the disease; and, notwithstanding the cases before alluded to, it has, after an extensive trial by various practitioners, been generally abandoned as wholly inert.

Mr. Evans, an English Surgeon, appears to have made more out of this resinous extract of Mr. Thorn, than any other of the faculty; from its total failure, he has been led to suppose that the *essential oil* must be the active principle in the copaiba balsam, and that the temporary success of Mr. Thorn must have been owing to the small quantity of this oil which chanced to remain in the extract, in the early days of its manufacture.—The constituents of copaiba are, this *essential oil*, the *resin* before referred to, *acetic acid*, *fatty matter*, and some traces of *muriate of lime* and of a *sweet principle*. It seemed therefore a fair deduction from the inertness of the resin, that the activity might reside in the essential oil.—Proceeding on this hypothesis, he has given a trial to this oil, and reports his success as unexceptionable. After first evacuating the *primæ viæ*, and enjoining vegetable diet and free potations of linseed tea, he

directed three of the following pills to be taken thrice daily :—

R. Ol. Ess. Copaib. gtt. xxiv.
Saponis Hisp. ℥ij.
Pulv. G. Trag. ℥ss. M. in pil. xij.

In the course of about a fortnight, the disease disappeared under this treatment. Chordee sometimes occurred, but this was relieved by an opiate—Pulv. Doveri gr. x., Camph. gr. v. M. om. noct. sum.

The success of Mr. Evans has been, as appears to us, about the same as that of Mr. Thorn; and the history of the extract points out our course respecting its successor. Placing little confidence in the efficacy of his remedy, let us still give it a fair and extensive trial;—should it prove effective, a very desirable object will certainly be accomplished.

After relating some cases of the control exercised by this oil over gonorrhœa, Mr. E. speaks of its use in a case of that other urethral malady, which is scarcely less annoying to the physician than to his patient.

“I then had an opportunity,” says Mr. E., “of exhibiting it in the case of a gentleman who had been teased by a gleety discharge for two or three years. He had taken the balsam, I might almost say, wholesale, and had used the “most approved” astringents as injections; but the discharge seemed to bid defiance to all

the articles of the *materia medica*. This was one of the cases stated in my former paper, the notes of which I unfortunately destroyed; but I think the essential oil was given in doses of gtt. viij (certainly not more). The gleet disappeared in a few days, and has not since returned. I should state, however, that the patient was enjoined to abstain from all excitement for a time, both physical and moral.”

CANCER OF THE RECTUM.

M. LISFRANC exhibited to the Royal Academy of Surgery, at their sitting of the 10th of September last, a woman, from whom he had excised three inches of cancerous rectum. The woman had perfectly recovered.

STETHESCOPE AND STETHOSCOPE.

IN the Communication on the subject of the “Manual, &c.,” contained in our last paper, the word *Stethoscope* was used in several places. The author of that communication requests us to say that this is a typographical error. He is doubtless correct in his mode of spelling this word, since it corresponds with that of Laennec, who uniformly wrote it *Stethoscope*. Its derivation, also, clearly justifies this latter method, although many writers, and among them the author of the criticism in the North American Medical and Surgical Journal, have adopted the erroneous orthography which our correspondent is desirous of having corrected in his rejoinder.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING FEBRUARY 26.

Date.	Sex.	Age	Disease.	Date.	Sex.	Age.	Disease.
Feb. 19.	M.	3 mo	cholera infantum	24.	M.	73	old age
	F.	35 yrs	bursting bloodvessel		M.	30	consumption
20	M.	35	unknown		F.	44	sudden
	M.	56	bursting bloodvessel		F.	86	old age
	F.	65	rheumatic	25.	F.	24	unknown
21.	M.	29	insane		F.	82	old age
	M.	2	consumption		F.	83	do.
22.	F.	23	childbed		M.	43	consumption
	F.	13 mo	croup	26.	F.	29	childbed
	F.	29 yrs	childbed		M.	3 w	unknown
	M.	68	lung fever		M.	7 yrs	measles
	M.	23	intemperance		M.	18 mo	unknown
23.	F.	24	childbed				

Males, 13,—Females, 12. Total, 25.

ADVERTISEMENTS.

NEW MEDICAL BOOKS.

JUST published, and for sale, by **CARTER & HENDEE**,—Malaria; an Essay on the Production and Propagation of this Poison. By **JOHN McCULLOCH**, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By **I. A. SAISSEY**, M.D. Translated from the French, by **NATHAN R. SMITH**, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By **JAMES HAMILTON**, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

MEMORIA MEDICA.

THIS day published by **CARTER & HENDEE**, corner of Washington and School Streets, *Memoria Medica*,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "*Memoria Medica*" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently, it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c.,

W. CHANNING.

Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by **J. D. FISHER**, M.D. This day published and for sale by **CARTER & HENDEE**, cor. of Washington and School sts. Price 62 1-2 cts.
Jan 26.

Published weekly, by **JOHN COTTON**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. III.]

TUESDAY, MARCH 16, 1830.

[No. 5.]

I.

SOME ACCOUNT OF AN INSTRUMENT
INVENTED BY DR. COX, OF NEW-
YORK, FOR THE REMOVAL OF EN-
LARGED TONSILS.

*Extracted from a Paper on the
Subject in the New York Med.
and Phys. Journal.*

THE usual methods of effecting
the removal of the tonsils, are
by the ligature and the knife.

The first method is unaccom-
panied by the danger of hemor-
rhage, but every modification of
this plan is excessively painful.
It is also not free from the liabi-
lity of causing suffocation, parti-
cularly in the very cases where
the operation is most necessary ;
that is, where suffocation is
threatened by the disease itself.
In many of these instances, it is
positively inadmissible. The pain
occasioned by this process is, by
no means, a small objection to it.
There is no charge made against
the character of a surgeon more
dishonorable to him, than inhu-
manity in the wanton and brutal
infliction of unnecessary pain. It
would be an improvement in this
branch of our profession, to rob
every operation of its honor ; and
obtain the same splendid and sa-
lutory results without the agony
and the danger which now neces-
sarily accompany, in a greater or
less degree, *every* surgical opera-
tion.

There are other objections to
the use of the ligature in the re-
moval of elongated tonsils. Se-
veral days elapse before each
tumor sloughs away, and is re-
moved from the throat. During
the time that the putrefying mass
occupies the fauces, an unhealthy
and fetid fluid distils from it, and
is liable to pass into the stomach,
particularly during sleep. It in-
jures digestion, and destroys, for
some time, the health and com-
fort of the patient. Another in-
convenience results from the liga-
ture. The application, if made
tight at once, is not capable of
destroying the vitality of the
whole mass. A considerable
depth of surface is killed, and the
absorbents remove it ; but there
remains still, in the centre, a
projecting body, which it had
been better to have removed at
once, if possible, as it may still
be the occasion of irritation, or
the seat of future inflammations
and disease.

The second method, by the
knife, is less painful ; but the dan-
ger of hemorrhage from the use
of an unguarded bistoury, in a vi-
cinity so vascular as the throat,
agitated, too, during an operation,
by involuntary spasm, and where
a ligature cannot be applied,
though authorized by Bertrandi,
and successfully practised by Du-
puytren and others, is still by
many, and perhaps the majority

of the profession, very properly condemned. Fatal results have occurred from it, and I have been told by two gentlemen who have used it, that in both cases the actual cautery (a most horrid and objectionable expedient, especially in the throat) was the only thing which, in their opinion, prevented a fatal hemorrhage.

In consequence of objections to the usual methods of removing tonsils, several ingenious instruments have been introduced in order to apply the knife without injury to the adjoining parts. One of these, invented by the venerable and judicious Dr. Physick, is communicated in the *American Journal of Medical Science* for February, 1828. Dr. Caleb B. Matthews, in the *American Medical Recorder* for April of the same year, has given to the profession another most ingenious apparatus. It is not my intention to institute a comparison between these instruments and my own. They both obviate one great objection to the unguarded knife. The operation with them secures the truncation of the tumor, which is the proper method, while the surrounding parts are protected from any inadvertent injury. But whoever seizes the tumor with a hook, and proceeds to remove it with an unguarded bistoury, besides endangering the neighboring parts, will be likely to extirpate the whole gland, and thus necessarily cut the trunk of the artery which supplies it, before it has begun to ramify in its substance. Hence copious hemorrhage will necessarily result, and the actual cautery must be used.

There is one aspect in which the instruments before alluded to appear to me somewhat objection-

able. They both take from the hand of the surgeon the proper guidance of the knife, and commit it to the operation of machinery. There are many possibilities in surgery which may require the motion of the knife to be modified in direction, force, &c., and to me it appears that no human contrivance can ever suit so admirably all the emergencies that may occur in an operation as the hand of the surgeon. It is therefore desirable, in the introduction of new surgical instruments, to supersede as little as possible the use of that divine invention, the human hand.

*Description of the Instruments of
Dr. Cox.*

The apparatus consists of several oval rings of different sizes, all adapted to a common handle, and two knives; to each ring is soldered a silver stem of one inch in length, with a screw at its extremity, by which it is attached to the handle. The stem and handle make an obtuse angle with the plane of the ring, and are thus prevented from interfering with the motion of the knife during the operation. On one face of the ring is a dovetailed groove, having the aperture widened near the stem to admit the beak of the knife, which slides easily along the groove, from which it cannot be extracted at any other part.

The knives resemble each other, with the difference that the beaks are placed on the opposite sides of the blade. They are of the same length with the other instrument, viz., about seven inches. The handle and blade are of equal lengths; the cutting edge extends about an inch and a half from the point, and is concave. The beak consists of a small piece of steel,

of the shape of a pin's head, attached at right angles by a screw to the side of the end of the knife, and is adapted to move easily in the groove on the face of the ring.

Directions for performing the Operation.

In performing the operation, the first object is to ascertain which ring will most exactly receive the tumor; this is to be screwed to the handle. The patient to be seated in a good light. The surgeon requires no spatula to depress the tongue. The ring may be used for this purpose until the tumor is seen. It should be then applied round it, taking care to keep the grooved face towards the cavity of the throat; then taking the knife whose beak is properly situated for the side on which he operates, the operator introduces the beak into the wide part of the groove. The knife should then be passed along the groove firmly, upwards and onwards, till it reach the opposite side of the ring, when its point must be pressed downwards, and thus round towards its starting place. The tumor falls into the mouth, and, by a little adroitness, may be brought out with the instruments.

It is due to the ingenious artist, to whose skill and perseverance so much of the success of this invention is owing, to state, that, after an assurance from several of the absolute impracticability of making the instruments, owing to the difficulty of turning the rings, they were first perfected by Mr. John Wiegand, then of this city, since removed to Philadelphia. The workmanship has been universally pronounced, by competent judges, to be at least equal to anything of the kind.

A few cases will perhaps best illustrate the facility with which relief can be afforded, to the patient suffering with enlarged tonsils, by this apparatus.

Case 1.—I was called, by S. F. Randolph, Esq., April 26, 1828, to see a relative of his from the country, a boy of nine years old, whose tonsils completely filled the throat, pressing forward the uvula. The usual symptoms were all present, and he had not for three months been able to swallow a mouthful of animal food. His general health was still unimpaired. For the first time, I used my new instrument, in the presence of Dr. Alexander H. Smith, formerly my student, and Dr. Seaman. The right tonsil was included in the ring, and completely filled it. The knife was made to follow the groove, and the tumor, as large as a pigeon's egg, was thus cut through without delay or difficulty. The operation was only momentary, and the little patient assured us that it was not painful, and complained only of the presence of the instrument in his throat, which induced efforts to vomit. There was only a little bloody saliva discharged. His breathing was immediately relieved, and he partook of animal food at dinner for the first time in a quarter of a year. No medicine or restraint whatever was directed, or at all necessary.

On the 29th, I removed the other tumor in the presence of Dr. C. C. Blatchley. Deafness, unnatural voice, difficulty of swallowing and breathing, and habitual sore throat, have, by this simple process, been immediately and permanently relieved.

Case 2.—On the 30th of De-

ember, 1828, I was called to see a son of the Rev. Joshua Leavitt, of this city. He had large tonsils, which filled his throat, and for four years had prevented him from the use of animal food; a circumstance the more unfortunate, as he was of a scrofulous diathesis, and was rendered nervous and delicate by this privation. He labored under all the usual symptoms of this disease in an aggravated form. His father had consulted the late Dr. Nathan Smith, of New Haven, who declined the use of the ligature from the extreme delicacy of the child's constitution, and the severity of that operation. I removed the tumor on the right side in a few seconds, in the presence of Dr. Gilbert Heston; there was no hemorrhage. The little fellow (being a politician) fixed the 4th of March for the removal of the other swelling. In the mean time, his father called on me to give me this information, and stated that, such was the relief his son had experienced from his former severe suffering, were it necessary to its continuance, he would willingly subject him to the operation every month as long as he lived. On the day fixed for the removal of the second tumor, Drs. Bailey, Tomlinson, Torrey and Ives were present. It was done in a few seconds, and the tumefaction having subsided since the first operation, it bled two or three drachms. This has been invariably the case in removing the second tumor. The irritation occasioned by the presence of the first being taken away, the other gland diminishes in size, from absorption of the matter deposited during inflammation in its cells. The vessels bleed more freely, because the removal of this interstitial deposit permits

the expansion of their mouths. It was very surprising to me to observe no hemorrhage from the largest and reddest tumors, while the smaller were invariably both more difficult to cut, and discharged more blood; but, on a little reflection, it appears to be natural and easily accounted for.

Case 3.—Feb. 24th, 1829.—

I was called, by my friend Dr. Downs, to see a little boy not nine years old, son of Mr. Townsend, near the Dry Dock. He had been nearly his whole life subjected to swelled tonsils, and had suffered severely from them, but was thought by his friends to be in danger of immediate suffocation during the preceding night. The tumors not only filled the throat, but pushed forward into the mouth. I removed the right tumor, in presence of Dr. Downs and Dr. Marvin. He was immediately relieved, and his throat on that side appeared unobstructed. On the 27th, I was sent for to see him; suffocation again threatened him. I found another tumor occupying the place from which the first was taken. It was removed, with immediate and permanent relief. It is evident that, in this case, the tumefaction had separated each tumor into its two lobes. The anterior lobe was forced forward on each side, and the posterior one backward, because there was no room for them to swell across the throat, or in any other direction; hence they were torn to their base, and divided into two. After the first operation, the posterior lobe was out of sight for some time, and, when removed, it bore the mark of having passed three quarters of an inch down the throat beyond its base. On the removal of the first,

this came forward, in one of the violent efforts of the parts, and occupied its place, occasioning the removal of all the severer symptoms. From this case, I have been led to draw two inferences; first, that the unavoidable tumefaction produced by a ligature would have caused death by strangulation; and, second, that an unguarded knife, where the tumors were so low down, and the mouth and throat so exceedingly small, would have been not only highly dangerous, but almost certainly fatal. On the 13th of March, I removed, at one operation, the two tumors formed by the separated lobes of the tonsil of the left side. They were taken away together, and were much smaller than in the former cases. They bled more than the first, but not more than two drachms were lost. I saw this patient in July; he was quite a different child: from a puny and delicate boy, remarkably small for his age, as he was in the winter, he had become uncommonly robust and healthful in his appearance, and his parents say that the operation constitutes an era in his life, since which he has been as remarkable for entire health as he was before for the entire want of it.

II.

EFFECTS OF VENOUS AND ARTERIAL BLEEDING.

[The distinguished Dr. Marshall Hall has recently caused to be republished, in England, a detailed account of some important experiments performed by Dr. Thomas Seeds, of Portsea. The object of these experiments was to ascertain the pre-

cise and distinctive effects of bleeding from the arteries and veins. We have no room for these details, but offer, as of practical value, the conclusions drawn from them by Dr. S., together with some remarks on morbid dissections.]

THE summary of the conclusions to be drawn from these experiments will, it is hoped, in some measure answer the question proposed for solution; which is, is there any difference between the effects of venous and arterial bleeding? and what is the precise nature of the difference?

The drawing blood from an artery diminishes more especially the quantity of venous blood: therefore arteriotomy is to be preferred when the veins are tumid.

The loss of arterial blood does not speedily disturb the respiration nor the heart's motion, nor does it rapidly break the strength; therefore, where we particularly wish to preserve entire the more important functions, let arteriotomy be had recourse to.

From arterial bleeding, convulsions appear not apt to occur; therefore, against such affections arteriotomy would most avail.

Blood let from veins does not particularly diminish the quantity of venous blood, but greatly disturbs respiration and the heart's motion, debilitates to a surprising degree, makes the veins everywhere turgid, and induces convulsions; therefore, when the pulsation is universally strong, as in every active inflammation, venesection will be most serviceable; however, great caution is necessary in both, lest spasms be brought on.

If an excessive quantity of blood be lost, either from an ar-

tery or vein, water is effused within the brain; therefore, in drawing both, there is need of great caution, lest the tongue become cold, or the patient become sick, or his pupils dilated.

What are the symptoms of effusion of water within the brain?

In the removal either of arterial or venous blood, whenever the pulsations of the heart become very quick and feeble, the blood-letting should be stopped.

Thus, I think, we have learnt, that arterial and venous bleeding produce very different effects.

It is much to be wished that morbid dissections were carried on with the attention and zeal their importance so justly merits; we should then obtain a true knowledge of diseases, and consequently useful and comparatively certain methods of cure. Till the topography of diseases is established, till we ascertain their locality and individuality, and are able, as it were, to lay our finger on the focus of disorder, medicine will be always uncertain, always conjectural. If, as Dr. Saunders so justly and earnestly inculcates in his lectures, all the phenomena of life (whether in health or disease) depend on the relation between the vascular and nervous systems, and that every living action, whether healthy or morbid, must be preceded by some change or changes in this relation, we have at once Ariadne's clue in our hands, which, if we follow its directions, will in time liberate the medical profession from the endless maze of conjectures, doubts and difficulties, with which medicine is so much involved.

Why, it may be asked, has me-

dicine made so little progress, compared with other arts and sciences? Is it not for want of fixed and definite principles of reasoning? Is it not evidently because there are few well understood and easily appreciable data upon which to build a solid superstructure? Can we wonder that systems, founded on gratuitous assumptions and partial or limited views of nature's operations, so rapidly rise and so rapidly moulder into dust? It cannot be too frequently repeated, that no medical opinion is of the smallest worth that clashes with correctly observed phenomena, either of health or disease.

How is a correct knowledge of the anatomical nature of diseases (if I may so speak) to be acquired? Is it not by patient and careful investigation of the symptoms of disease, compared and contrasted with an equally sedulous examination of *each and every principal organ of the body*, especially the brain, medulla spinalis, and their respective nervous cords, with great attention to the changes of relation between the vascular and nervous system throughout?

When the laws by which the motions of the heavenly bodies are well known and systematically arranged, why should we despair of medicine one day assuming that rank in the scale of sciences which its dignity and importance so imperiously demand?

In our times this is neglected, and we have abundance of speculation; but, alas! little accurate knowledge of the real nature of disease.

If any internal part suffers pain, how can he know what the nature of the disorder is, who is

ignorant of the morbid changes which the viscera undergo? or how can a cure be effected by him who knows not what part is diseased? Nor can we admit it to be cruel, as many assert it to be, to promote the welfare of mankind in general by the destruction of a few animals.

III.

ON THE USE OF TARTAR EMETIC OINTMENT IN CHOREA.

By CHARLES BYRNE, M.D., United States' Arsenal, near Baltimore.

SINCE the period when the illustrious Jenner drew attention to the external use of tartarized antimony, and produced so many interesting cases in proof of its efficacy in the treatment of a variety of troublesome diseases, very little experience has been offered to the profession as a test of the value of the remedy, or the soundness of his speculations. All that has been offered, however, is well calculated to increase our confidence in its virtues, and to entitle it to a more extended trial.

In the eighth volume of the Medical Recorder, there is an account of a very extraordinary case of rotatio, or chorea, related by Mr. Hunter, of Glasgow, as successfully treated by rubbing the ointment of tartarized antimony into the scalp and spinal column. In the thirty-third number of the same journal, a case of chorea is reported by Dr. Wharton, of Virginia, as cured by the same means.

The two cases of chorea which follow, are the only ones which have occurred in my practice since the remedy has been suggested; and in both cases the result has been highly satisfactory.

Case I.—August, 1828, I was called to visit Amanda Shaw, æt. 13, of sanguine temperament, small of her age, but not delicate in appearance; menstrual period not yet arrived. The arm and leg of the right side were the principal seat of muscular irregularity, although there was scarcely a muscle of the body that was not occasionally more or less disturbed; even the tongue refused at times to do its office, and very often performed it in a very imperfect manner. Many of the intellectual faculties were much impaired, particularly the memory; and the countenance betrayed a vacant, stupid expression. The appetite was bad, the tongue foul, and the bowels irregular, generally costive. Her mother stated that she had been in her present situation, with little variation, for the last two years; that during this time no regular medical assistance had been sought, but that she had herself tried a variety of remedies as recommended in "Buchan's Domestic Medicine," particularly blisters and purging; but with no perceptible advantage. As the case seemed to be a fair one for the trial of Dr. Hamilton's practice, I commenced the purgative plan, and continued it for two weeks, when the tongue became clean, and the bowels regular, but without any amelioration of the symptoms. I then gave tonics, decoction of valerian, and carbonate of iron; and finally touched the mouth with the blue pill, but was equally unsuccessful in all. I now prescribed the tartar emetic ointment, to be applied to the whole spinal column, from the atlas to the sacrum. I ordered two drachms to be rubbed

in three times a day, until a plentiful crop of pustules should be produced. On the evening of the second day, the eruption began to appear, and, from that time to the present, the patient has never been affected with the slightest irregularity of muscular motion. Her mental faculties in a short time resumed their wonted energy, and her health was perfectly restored. From the perseverance with which her mother continued to rub in the ointment after the appearance of the eruption, her back continued very sore for four or five weeks, longer perhaps than was necessary for the removal of the disease.

Case II.—May, 1829, I was called to E. Stansbury, a lad of twelve years old, good constitution, sanguine temperament, well grown. The symptoms in this case were in every respect similar to the first case. The patient had been laboring under the disease for nine months, during which time a great variety of remedies had been tried unsuccessfully by a medical gentleman of the neighborhood. I immediately prescribed the ointment as in the other case, and with equal success, excepting that the right hand did not come entirely under the control of the will for fourteen days, but from that period there has been perfect immunity from the disease.

The following case of another description may perhaps be worthy of notice.

March 1st, 1829, I visited Sarah Leghorn, spinster, aged 29, laboring under acute pneumonia. This patient was tall, of delicate make, fair complexion, flat chest,

and scrofulous family. From the preceding fall, she had had a troublesome hacking cough, pain in the breast, and occasional hemoptysis. The most urgent symptoms were now speedily relieved by the usual remedies; but the cough, pain in the breast, and hemoptysis, continued as before: a deep, well-defined, hectic flush appeared on the cheeks, and all the symptoms seemed to threaten a confirmed phthisis. I prescribed the ung. tart. ant., to be rubbed in night and morning from the superior part of the sternum to its ensiform cartilage (that being the seat of the pain and uneasiness), until a plentiful crop of pustules should appear. I did not see the patient again for eight days, during which time she had persevered (having mistaken my directions) to rub in the ointment until the whole of the space over which it was applied presented the appearance of one immense scab, open, and discharging matter all round its circumference. The pain and irritation produced by this immense sore had deprived the patient of sleep for the last four nights, and her sufferings were such that, on my entering her room (notwithstanding a very mild temper), she reproached me in the bitterest manner for having treated her so cruelly. By the application of fresh cream and emollient poultices, the burning sensation was relieved, and, by the assistance of an anodyne, she got some sleep on the succeeding night. The sore went on to discharge very profusely, and was so painful as to confine her to bed for four weeks. Masses of fungous flesh shot up all over its surface, which required the free use of caustic; and, although no

means were adopted to keep it open, it did not entirely heal until October, at which time it left the patient entirely free from all her threatening symptoms, and, from her own account, in much better health than she had been for years previously.

That an approaching consump-

tion has been cured, or at least suspended, in this case, by the use of this remedy, I have no room to doubt; but what *degree* of its application, short of the extreme to which it was accidentally carried, would have effected the same object, is a question of not so easy solution.--*Am. J.*

SKETCHES OF PERIODICAL LITERATURE.

NEW THEORY OF GENERATION.

DR. BRUDACH, the author of a German work on Physiology recently published, considers it highly improbable that the various existing species of animals, or even man himself as he now is, were original creations in any proper sense. According to his view, the originals of all animals which exist have been produced, at some period or other, by the earth itself; though, in the process of time and from accidental causes, varieties have been introduced in the various races, such as still continue to take place. In answer to the obvious objection that we have no authentic record, much less any sensible evidence, of men and women and cattle being *grown* from the earth, Dr. B. urges that the soil, having grown old, cannot be supposed capable of bearing such productions as sprung from it in former days; that the phenomenon of infusorii proves the possibility of the spontaneous production of organized animals, as certainly as the springing up of mushrooms proves the same fact in regard to vegetables; and, lastly, that we may suppose human beings, when first produced, to have been much less per-

fect than at present, and that they have gradually been developed and improved. Classic authority might at first seem to be on the side of Dr. B.; for we read that not only one man, but a whole regiment, sprung up at once from the ground; and, if the story of the Titans is true, it is certain that our common mother has not always been limited to a dwarfish progeny. The theory is an excellent answer, too, to the doctrine of human degeneration; for we can prove from it, by analogy at least, that, instead of having become a more feeble and diminutive race, we are both taller and stronger than our ancestors; and that our species have a right to expect to go on increasing in stature till another deluge shall involve it in common destruction, and the earth be compelled to commence a new creation out of her unassisted resources.

We have characterised the above theory as *new*; but, on second thoughts, we find it but verifies the old adage that there is nothing new under the sun. In a short essay by Fontenelle, "Sur l'existence de Dieu," the same doctrine is attacked with great spirit and ingenuity. Af-

ter maintaining the improbability of the supposition that the soil of our earth was ever materially more vigorous than at present, and combating the argument drawn from the infusorii and similar productions, this author very pleasantly suggests, in conclusion, that, unless our *alma mater* possessed the dexterity requisite for feeding and clothing her infant offspring, besides performing numerous other little services in their behalf, the gift of existence would prove, after all, but an equivocal benefit.

UNION OF WOUNDS.

MR. LAWRENCE, in his last lecture on Surgery delivered at St. Bartholomew's Hospital, makes some remarks on the process which takes place in an incised wound, when united by the first intention. The first step described in this process, is the effusion of coagulable lymph, by which the opposing cut surfaces are made to adhere together. The second is the production of vessels in the substance of the lymph thus effused, and its organization as a part of the system. In one respect, he considers a wrong view to have been taken of this subject by some writers, and especially by John Hunter. This author supposes that, in the case alluded to, the blood becomes a permanent bond of union. There is no doubt that blood may cause the adherence of two adjacent parts, but it is incapable, according to Mr. Lawrence, of becoming organized. It is therefore, to all intents, a foreign body, and, as such, is always thrown off before any union occurs.

A similar deposit of lymph takes place in the various healing processes which occur when a wound has not united by the first intention; in both cases, the substance effused has this common quality,—that it is capable of being penetrated by vessels, and of becoming a living and organized part.

PARACELSUS.

SOME memoirs of this singular genius, principally gathered from his own works, are published in a late number of the London University Magazine. The author labors earnestly to disprove the charges, whether of extravagance, folly or vice, which have been so often advanced against him. The multiplied appellations which he assumed, are said to have been adopted only in compliance with the fashion of the times, which he by no means carried to excess. His rambling from place to place is attributed to his ardor in the pursuit of knowledge. His abuse of the ancient physicians is imputed to a generous spirit of independence, and a reliance on his own resources. His singular mixture of the Latin with his own language was an effort to free himself from the trammels of the schools. His personal vices, such as drunkenness and profanity, are said to have been much exaggerated by the envy of his contemporaries.—On the other hand, his industry is evident from the amount of his productions; and his medical skill is proved by the extensive popularity he enjoyed while living. In fine, it is a very pleasant piece of biography, written *con amore*, as res-

pects his subject, who is certainly made to appear in a more amiable and respectable character than he has hitherto maintained. That Paracelsus made many important discoveries, both in medicine and in chemistry, need not indeed be disputed; but his excessive vanity, fostered by the success he met with, and the early celebrity he acquired, betrayed him into a thousand errors; and though, like other eccentricities, it might have made him more talked of and admired in his own day, was probably the means of preventing his acquiring any great or permanent reputation.

EFFECTS OF COLD ON ANIMALS.

M. FLOURENS has published some experiments made on this subject, which, in a physiological view, are extremely interesting. The main object of his researches was to determine the state of the hibernating animals during the continuance of their lethargy. The animal observed was a *lerot*, or garden dormouse, whose size is about that of a rat, and which is found in the south of France. The natural temperature of this animal, in its waking state, is about 100 deg. Fahr., but, during its lethargy, it sinks to 39, or even 37 deg. In this state, the animal is cold to the touch. If touched gently, it does not move; if strongly pinched, it moves; and if the irritation be continued, it is aroused, though very slowly. Its first attempts at respiration are made with difficulty, and appear to cause pain.

There are two distinct kinds of lethargy. In one, which may be

considered imperfect, the breathing continues, but with intervals of four or five minutes. In the other, the function seems wholly suspended; at least, it has been so for four or five hours, during which time the animal has been watched. In fact, animals, while in this state, have been submitted to the action of mephitic gases, without appearing to experience any inconvenience. There is no pulse in the arteries of the limbs. If the heart be touched, it gives only occasional and uncertain movements.

In variable climates, hibernating animals become lethargic in the cold season; and, during their lethargy, it is remarked that they are awaked, and again rendered torpid, by an increase and subsequent diminution of temperature. Cold, therefore, is the remote cause of torpidity; but a rise of temperature is not the only change which causes waking: a sudden diminution of the temperature, as well as an increase, will cause a cessation of the lethargy. M. Flourens has laid bare the carotid artery when the animal has been in this torpid state, which can be done, as he says, without apparently causing any pain, and then watched the gradually increased rate of the pulsations, as sensation and motion returned; and, after the degree of acceleration has amounted to 100 in the minute, he has been able, by again reducing the temperature, to bring the circulation back to its former state. Whether the animal, under these circumstances, can be revived a second time, he does not inform us.

Another effect of cold which M.

Flourens has noticed with great attention, is the production of pulmonary disease. His experiments on this subject, with young chickens, were recorded in the last volume of this Journal.

BOSTON, TUESDAY, MARCH 16, 1830.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

AN account of the meeting of this Society, in January, has been received, with the annual Address delivered by their President, Dr. Beck. Among the subjects which engaged the attention of the meeting, we would notice the expediency of petitioning the Legislature to provide for the supply of anatomical subjects; also to require annual reports of the medical practice and experience of such public eleemosynary Institutions—Hospitals, Infirmarys, Lunatic Asylums, &c.—as are endowed by the State. This legislative provision would doubtless be a very salutary one. The reports of the practice in such establishments might thus be disseminated through the state at a very cheap rate, since state printing is always an entirely different affair from like service performed for individuals, through the adhesive medium of publishers, agents, collectors, &c. &c. In communities where institutions like those enumerated exist, a large proportion of the most interesting and instructive cases, more particularly in Surgery, will be found collected in them. Without regular and full reports of these cases, the instruction they afford is confined to two or three practitioners, and the advantage of such instruction reaches not beyond the

sphere in which the private services of the medical officers are demanded. The great body of the people of the state,—those from whom the funds granted for the endowment of such institutions have been derived,—receive, from the result of such appropriation, no sort of an equivalent. Were the plan proposed by the Medical Society adopted, the inhabitants of every town and village in the Commonwealth would, through their own medical practitioners, reap a direct, immediate, and important benefit from the Hospitals their contributions have endowed. The idea appears to us a happy one, and we hope the requisition may be made in every State in the Union. It would doubtless be most cheerfully complied with by the Physicians and Surgeons on whom the duty of preparing such reports would devolve, and a digest of them, after a few years, would be an invaluable acquisition to medical science.

The Committee on a State Vaccine Institution, reported in favor of the establishment of such an institution in the city of New York, and recommended petitioning the Legislature to grant a sum of money for this purpose.

The Apothecaries and Druggists, in the city of New York, have organized themselves into a College of Pharmacy, and appointed Pro-

fessors of Chemistry and Pharmacy and Materia Medica. About an hundred students attend the present course on the former subject, and half that number the course on the subjects last mentioned. In our own city, a similar plan is adopted for preparing young men for the more useful and scientific preparation and distribution of drugs and medicines.

The Committee of the Society who were directed to consider the best means of making a medical topographical survey of the State, offered a report of great interest, which we regret the want of room to present our readers. The plan proposed is, that each County Society shall delegate certain individuals to survey its own county, and that from all these reports a summary be made up, comprehending all the most important facts and observations contained in the documents so procured. Nine subjects are designated by the Committee as more particularly to be noted in all such surveys;—we can only enumerate them. They are, 1st. *The name of the county, its latitude, longitude and boundaries.* 2d. *Its lakes, rivers, morasses, bogs and canals.* 3d. *Mountains.* 4th. *The nature of the soil.* 5th. *The state of agriculture.* 6th. *Inhabitants.* 7th. *Diet.* 8th. *Morals and education.* 9th. *Diseases—endemic, epidemic and sporadic.*

The Society then proceeded to the election of Officers for the current year, and the following were chosen:—

Dr. JONATHAN EIGHTS, Albany,
President.

Dr. HENRY MITCHELL, Chenango,
Vice President.

Dr. JOEL A. WING, Albany, *Secr'y.*
Dr. PLATT WILLIAMS, Albany, *Treasurer.*

CHARCOAL.

Two deaths recently happened at Northfield in consequence of a furnace being conveyed into a sleeping apartment filled with live coals from a fire. There exists, we believe, a prevalent notion, that coals used in this way are less injurious than charcoal. We do not state this as intending to refute this idea, but because we deem it highly important that physicians should, in their intercourse with those who participate in this error, use their influence to correct it. A plain and simple explanation of the mode in which ignited charcoal produces its deleterious effects, would easily and effectually remove this prejudice.

NEW REMEDY FOR INTOXICATION.

A M. RECLUZ, at an inn in the south of France, met with a man who was intoxicated by drinking beer, and, there being no article at hand which seemed likely to afford him relief, directed the hostess to administer some orange-flower-water which she had in the house. As this did not produce an immediate effect, M. R. gave him an additional quantity; when, on examining the bottle, he found, to his great alarm, that, though labelled orange-flower-water, it contained only pure brandy. An emetic was sent for in haste, but, before its arrival, the intoxication went off, and the man awoke with the sense of being roused from a painful dream. The quantity of the *remedy* given in each dose, was from one to two

ounces. Its efficacy has been repeatedly tested since, and *always* with success. We have heard of whiskey punch being found an effectual antidote to an overdose of wine, but this mode of turning the tables upon malt liquor strikes us as one of the most extraordinary discoveries of the age. We hope to hear shortly that the reverse proposition is also true, and that *beer* is an effectual antidote to *brandy*.

USE OF CUBEBS.

AN English Surgeon, who has made extensive use of cubebs with a view to test its true value, gives to it his unqualified approbation, when used with proper combinations and in suitable doses. The prescription he prefers is the following:—

R. Cubebs Pulv. ʒij.
G. Acaciæ ʒi.
Potass Nitr. gr. vi. M.

This quantity is to be given every four hours, in linseed tea. Before commencing the use of this mixture, Rochelle salts are to be administered in ʒss. doses, till their purgative effect is fully developed. Epsom salts should be forbidden. This practice is said to be *universally* successful.

IODINE IN SCROFULA.

FROM a report by Messrs. Magendie, Serres and Dumeril, on the success of this practice in the hands of M. Lugol, it appears that 109 cases were treated in the Hospital St. Louis, in the course of seventeen months, with iodine alone; of which number, 89 still remained under treatment,—30 had left the hospital very much improved,—36 had gone away completely cured,—and upon

4 only did the medicine seem to be wholly inefficacious. The reporters add that they are able to bear witness to the curative powers of iodine in these cases, and that they consider the exertions of M. Lugol to have been highly useful.

Freezing Mixture.—The greatest degree of cold which can be produced artificially, is caused by the combination of pounded ice or snow two parts, and crystallized muriate of lime three parts. This mixture will sink the thermometer, with great rapidity, 32 deg. below the freezing point.

Chloride of Gold as a Collyrium.—This is recommended by M. Jahn, of Meiningen, who says that he has employed it during a year in certain diseases of the eyes, and always with the happiest effects. The diseases in which he advises its use are, scrofulous, gouty and rheumatic inflammations, chronic ophthalmia, and purulent ophthalmia of children.—The following is the formula he employs:—R. Chloride of gold, gr. ij.; distilled water, ʒvi. Some drops of this are to be instilled into the eye, and a compress wet with it applied over the eye.—*Rust's Magazine*.

Treatment of Persons poisoned by Opium.—M. Orfila recommends, when persons have been poisoned with opium, and this poison has not been absorbed or ejected by vomiting, that the patient should be made to drink, before an emetic is administered, a strong decoction of nutgalls, which substance decomposes the opium.—*Nouvelle Biblioth.*

Treatment of Persons poisoned with Hydrocyanic Acid.—The researches of M. Orfila have led him to recommend the following treatment of persons poisoned by hydrocyanic acid:—1st. To give an emetic, if the poison is still in the stomach. 2d. To make the patient

inhale ammonia, or better, chlorine ; to combat the cerebral symptoms by bleeding, and leeches applied behind the ears. 3d. To employ cold affusions, which are very useful. M. O. says that, unless the dose of the poison taken is very large, these remedies will be successful.—*Ib.*

Actual Cautery.—Mr. Syme states, in the Edinburgh Medical and Surgical Journal for October last, that, for some time past, he has made much use of the actual cautery as a counter-irritant. In the morbus coxarius, and a similar disease of the shoulder joint, the omalgia of Rust, he says that he has derived the most striking benefit from its employment. This remedy is very fashionable in Germany.

Prolapsus of the Crystalline Lens.—Professor Chelius relates, in the 4th volume of the Heidelberger Klinische Annalen, two cases in which the crystalline lens left its natural situation, and fell through the pupil, without any apparent cause ; the eye was apparently healthy.

Rheumatic Ophthalmia, with violent Photophobia.—A case of this, of eighteen months standing, was successfully treated by Dr. Graefe, with frictions of calomel and opium around the eyes, the internal use of belladonna, and a seton in the neck. The patient was perfectly cured at the end of three weeks.

Seat of Fever.—M. Cruveilheir announced to the Anatomical Socie-

ty of Paris, that he had carefully dissected the body of a man who had died in consequence of a violent fever, and he had not been able to discover any lesion, except an ulceration of the ileo-cæcal valve.

Application of Wax to Ulcers.—New proofs are every day meeting us of the good success of this practice.

Laws respecting Dissection.—The Committee of the Massachusetts Legislature, to whom was referred the subject of the expediency of further provision by law for the protection of the sepulchres of the dead, have made a report by their Chairman, the Hon. Leverett Saltonstall. In this report, the importance of providing means for anatomical dissection is presented to the public in a clear light, and the expediency of some laws for this purpose recommended to the attention of the members of the next Legislature, at their first session.

New Asylum for Lunatics.—A resolve has passed both branches of the Legislature of this State, authorising the purchase of a lot of land for the erection of a Lunatic Hospital, and the appointment of commissioners who shall cause a suitable building to be erected thereon. It is contemplated that the building shall be sufficiently large to accommodate the family of a Superintendent, and about 120 Lunatics. Thirty thousand dollars are appropriated for the accomplishment of these objects.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MARCH 6.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Feb. 26.	F.	2 yrs	dropsy in the head		F.	28 yrs	disease of the heart
27.	F.	6 d	infantile		M.	3 w	unknown
	M.	4 mo	unknown	3.	M.	2 mo	convulsions
	M.	5	convulsions	4.	M.	78 yrs	old age
28.	F.	54 yrs	consumption	5.	M.		burnt
	M.	32	convulsions		M.	26	do.
Mar. 1.	F.	27	consumption			19	do.
	M.	7 mo	infantile	6.	M.	73	old age
2.	F.	72 yrs	old age		M.	3 w	unknown
	F.	32	unknown		M.	78	old age

Males, 12,—Females, 8. Total, 20.

ADVERTISEMENTS.

NEW MEDICAL BOOKS.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISSY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

MEMORIA MEDICA.

THIS day published by CARTER & HENDEE, corner of Washington and School Streets, Memoria Medica,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the “Memoria Medica” which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.

Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by J. D. Fisher, M.D. This day published and for sale by CARTER & HENDEE, cor. of Washington and School sts. Price 62 1-2 cts. Jan 26.

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THE BOSTON

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VOL. III.]

TUESDAY, MARCH 23, 1830.

[Nos. 6 and 7.

I.

RESTORATION OF THE NOSE.

Mr. Lawrence, in his lectures not yet completed at St. Bartholomew's Hospital, gives the following account of the engrafting process in animals. After speaking of the adhesive inflammation by which the edges of incised wounds are united, he says,

THE union by adhesion will take place not only where a small division of the parts has occurred, but also where they have been extensively detached, and almost completely severed from the body. If a large piece of the scalp remain connected merely by a small portion of the skin, if it be laid down on the surface, and the parts be kept in contact, it will unite. If a finger be nearly chopped off, and hang by a bit of skin only, the part will unite, if the surfaces be kept in contact. I remember the case of a person who was travelling on the outside of a coach ; he laid his head down on entering a gateway, but not low enough, and the edge of the lintel nearly scraped off the ear,—in fact, it hung to the head by a portion of skin less in breadth than the fore-finger. It appeared to me, at first, that the best way was to snip the skin through with the scissors, but, as a kind of experiment, the ear was laid down, and kept in its position by a slight bandage, and it united very well.

This power of adhesion is still better illustrated by the phenomenon it presents in the restoration of lost parts, and also by those experimental proceedings on animals, in which attempts have been made to imitate the process of engrafting adopted with regard to vegetables. It is a curious circumstance, that, so long ago as the fifteenth century, a practice prevailed at Bologna, in Italy, of restoring artificially the loss of the nose. There were one or two families, in that country, in whom this art resided, and by whom it appeared to be handed down hereditarily, and who were famous for its performance. The practice, however, extended to surgeons, and several experiments were made by a youthful Professor by the name of Taliacotius, who wrote a Latin work upon the subject, called *Chirurgia Nova de Narium, &c., defectu per insitionem cutis ex humero sacriendo, &c.*, which was printed in 1597, and in which he describes, at full length, the process he adopted for restoring lost noses, ears and lips, and he has illustrated the subject with several plates. The cures that were performed by Taliacotius were seen by many of his contemporaries, who have attested the facts ; and there is also this kind of evidence of the truth of it,—his fellow-citizens at Bologna erected a statue in the anatomical theatre

to his honor, in which he is represented holding a nose in his hand. Perhaps, however, he is better known in this country through the notice taken of his proceedings by the celebrated satirical poet, Butler, who says,—

“So learned Taliacotius, from
The brawny part of porters’ bum,
Cut supplemental noses, which
Would last as long as parent breech;
But, when the date of noch was out,
Off dropp’d the sympathetic snout.”

The truth is, Taliacotius did not cut noses from the breech, nor out of any part of another individual, so that the noses did not sympathise with the dead, as Butler represented. The plan Taliacotius followed was this:—He pared the cicatrix of the lost nose, so as to give it the character of a recent wound; he then raised a portion of the integuments, of a size and shape calculated to restore the nose, from the forearm or arm. He then fixed the arm, but without detaching the piece, to the edges of the lost nose, and confined it by sutures. The person’s arm was kept in that position as long as it was necessary for maintaining the circulation in the supplemental nose, till the adhesion between that and the natural skin of the face was accomplished. The skin was then removed from the arm, and remained engrafted to the face. In this way he restored noses, and, according to his own account, he also restored lips and ears. Although ridicule has been cast on Taliacotius, yet there seems no reason for denying the fact that such things were indeed done. We can have no reasonable ground for denying that a part of the integument might be thus raised from the hand and forearm, and that it might be applied, in the way de-

scribed, to the cicatrix of the lost nose, and become adherent there, and would, in some measure, fill up the unsightly chasm which the loss of this member produces in the countenance. We cannot so easily believe all the rest that Taliacotius has stated; for he says that these new noses smelt more accurately than the old ones, and grew large and strong, nay, that they sometimes became so elongated as to require them to be removed.

Another mode of restoring the nose has been imported to this country from India, where it is not an uncommon practice to mutilate robbers and captives by cutting off their noses and ears. A portion of the integument is raised from the forehead sufficient to fill up the breach, the incision being made in the shape of a triangle; the part that is to cover the nose is detached, and this portion corresponds to the base of the triangle: the edge of the nose is made a recent wound; then the flap is turned round, that is, the part by which it remains attached to the forehead is twisted. It is then confined by sutures in the situation of the old nose. This is the mode recently resorted to in this country, and which has been practised by Mr. Carpue. Some two or three noses have been made in this way, in this hospital,—enough to show that the process is a very feasible one.

These facts show you the extent of the power of union between the edges of a recent wound in the body;—they show that it is not only sufficient to agglutinate, or unite together the sides of a cut in any part, but also to form a union between two recent surfaces, even where one is extraneous to the

part in which the wound has taken place.

In the Memoirs of the French Royal Academy of Science, for the year 1786, there is a paper, by Duhamel, on engrafting the spurs of cocks on their combs. He mentions that, by way of an experiment, the detached spur of a cock was taken ; an opening was made in the comb, and it was fixed there. He says the spur grew in the comb. Inosculation took place, and the spur grew to a great size : he mentions four inches.

Mr. Hunter repeated this experiment, and he found the fact took place, as stated by Duhamel. He found the spurs of the cock, when inserted in the comb, grew to a larger size than if they had been left in their natural situation. He found that the spur of a hen might be transferred to a cock, and the spur of a cock to a hen ; but, in the latter case, it did not grow so firmly nor so rapidly. He mentions another experiment,—that of inserting a tooth recently drawn into the comb of a cock ; and, under such circumstances, it will become adherent. He mentions this as an instance of vascular union, though it may be doubted whether the adhesion of the tooth to the comb of the cock could be considered as arising from the inosculation of the vessels. I remember seeing an instance in which a tooth was firmly fixed in the comb of a cock, where the tooth, at the time it was inserted, was dead ; that is, it had lain a long time ; so that it seems the living parts have the power of contracting and healing round it, in that situation, without a vascular union taking place. Mr. Hunter performed a further experiment, viz., taking out the testicle from a cock, and making

an opening in the abdomen of a hen ; and, under these circumstances, he found that the testicle became adherent to the abdomen, and grew in that situation.

II.

RHINOPLASTIC OPERATION FOR DESTRUCTION OF THE LOWER LIP.

THE rhinoplastic, or, as it is generally termed in this country, the Taliacotian operation, is applicable, no doubt, to many more cases of destruction of the superficial parts, than of that most prominent feature of the “ human face divine” to which it is adjudged par excellence. Sir Astley Cooper, we all know, healed a fistula in perineo by a flap from the scrotum, and Mr. Earle followed in Sir Astley’s wake on a similar occasion and with similar success. M. Dupuytren has recently applied the same principle to the cure of the deformity and destruction produced by that horrible malady, cancrum oris.

Case.—A male child, 11 years of age, was attacked, about eighteen months ago, with cancrum oris, which destroyed the half of the lower lip of the right side, from the median line to the inferior border of the lower jaw, and a portion of the cheek to near the angle of the maxilla. On admission into the Hôtel Dieu, the loss of substance of the cheek extended very little above the level of the commissure of the lips, was bounded behind by the inferior border of the masseter muscle, and reached below to the lower edge of the maxilla, which was there in a state of caries. The left half of the jaw, which

had lost the point d'appui that the symphysis naturally affords, was dragged inwards by the action of the muscles, so that the row of teeth on this side was applied to the arch of the palate. This portion of the jaw, however, continued moveable, and could be readily returned to its proper situation. The aspect of the child was disgusting in the extreme,—the tongue in part hanging out from the centre of the chasm, in part adhering by its right border, which greatly embarrassed its movements,—the saliva constantly running out,—mastication very imperfect, and deglutition painful. The health, notwithstanding all this, was good, and the lad lived entirely on soups and soft food. He was anxious to be rid of his deformity, and promised to suffer anything for that purpose. M. Dupuytren commenced by destroying the unnatural adhesions of the right side of the tongue with a bistoury; but the essential part of the operation remained behind, and required mature deliberation before deciding finally on the mode to be pursued. Two or three plans were suggested to the able Baron, but we shall only notice that which was actually adopted. The object was to remove a flap of sufficient size from the neck, apply it to the gap, and retain it in its new situation by the twisted suture. The operation was performed on the 31st of August.

Having traced with ink the dimensions and form of the flap, which he determined to procure from the lateral, superior, and steno-cleido-mastoidean portion of the neck, M. Dupuytren dissected it off, taking care not to wound the jugular vein. The edges of

the excavation having then been pared, the flap was twisted on the narrow band that still connected it with the parts in the neck, the edges placed in apposition with the newly-pared ones of the opening in the cheek and lip, and both retained in due connexion by the employment of the twisted suture in five places. The sides of the integument in the neck were also reunited by three sutures, two little arteries which poured out their blood were secured, and no other dressing was employed. The operation was one of much delicacy, and occupied a considerable time, but the little patient bore it with great courage.

All went on favorably till the 2d of September, on which day the flap had not lost its vitality, but was even suppurating at one or two points of its circumference. In the night, however, of the 2d or 3d of September, restlessness and delirium supervened, and the patient tore away one of the needles which united the edge of the lower lip with the anterior portion of the flap. A separation between the two for an inch in length, and half an inch in breadth, was the consequence, and adhesive straps were applied by M. Dupuytren to bring the parts together. Next night, the fever and delirium continuing, a second needle, uniting the base of the lip with the inferior anterior portion of the flap, injured and tore the parts, which in the morning appeared to be slightly sphacelated. Nevertheless, the flap did not die, but had by this time contracted solid adhesions above and behind. On the 4th, M. Dupuytren removed all the needles, and maintained the ne-

cessary degree of apposition by adhesive straps. On the 5th, the unfavorable symptoms had disappeared, and the flap adhered extensively and firmly, though portions furnished a little suppuration. The laceration in front became a simple hare-lip fissure, which might be, and in point of fact very shortly was, treated by the usual operation for that deformity by M. Dupuytren. It failed, however, in consequence of smart hemorrhage and consequent disturbance of the dressings occurring on the following morning, and the hare-lip of course continued. On the 12th of October, the union of the flap and neighboring parts was perfect at all other points; its vitality was also perfect; the wound in the neck was quite cicatrized; and, as the surgeon thought that the patient would be better able to undergo the hare-lip operation when his system had been invigorated by time and fresh air, he was dismissed the hospital, and ordered to return at a future opportunity.

Had it not been for the accidental violence inflicted on the lip, it is more than probable that the union of the flap with the neighboring parts would have been complete. As it is, the diminution of the deformity in this poor child must be considerable, and the results of the operation are calculated to encourage the surgeon in the application and extension of the rhinoplastic operation to many cases, in which its performance is at present never dreamt of.—*Journ. Hebdom.*

III.

HEMORRHAGE FROM SLOUGHING ULCERS IN THE THROAT.

From the London Medical Gazette.

SIR,—In a late number of the *Gazette*, you published a very interesting case, in which the common carotid artery was tied, by Mr. Luke, for the suppression of a dangerous hemorrhage from the throat, and, in the *London Medical and Physical Journal* for Dec. last, Mr. Mayo published a case in which the patient was apparently rescued from death by a similar operation. I trust that it will not be supposed that I wish in any way to detract from the merit of these successful operations, in requesting you to give publicity to the following cases, in which most alarming hemorrhages were suppressed without having recourse to the ligature.

Wm. Stennet was admitted into Lazarus's ward, Oct. 9th, 1829, in a very debilitated state, with a large sloughing ulcer occupying the whole of the back of the fauces, and extending to the edges of the soft palate and uvula. He stated that, at the latter end of April, he was affected with an ulcer on the inner membrane of the prepuce, near its junction with the corona glandis. The sore was not excavated, but, notwithstanding, was very hard and red at its base. He took some mercury, and the sore skinned over without his mouth being affected. About the end of July, a bubo appeared in each groin, which suppurated and burst spontaneously. On the 27th of Sept., his throat became sore, and gradually got worse until he was admitted into the hospital. At this time there was an open sinus

in the groin; the cicatrix of the original sore was hardened; and, in addition to his sore throat, there were several dark-colored tubercular eruptions on his forehead. He was in so weak a state that mercury was not at first resorted to. He was ordered a very strong preparation of the red Jamaica sarsaparilla three times a day, and the throat was painted over with the linimentum æruginis. He was also directed frequently to wash the throat by throwing a stream of water from an elastic gum-bottle upon the ulcer, while he held his mouth open over a basin,—a simple plan of cleansing a throat, which I have found far more efficacious than gargling.

On the 21st, as he did not appear to gain any ground, and the sloughs were deeper and very extensive, and his stomach rejected the sarsaparilla, he was ordered Quinæ Sulph. gr. ij. ter die ex infus. rosæ. Vini. Rubr. Oss. quotidie, and a strong solution of Nitrate of Silver was applied to the throat.

23d.—His general health was improved, but the sloughing still extended. He was ordered to fumigate with cinnabar night and morning. The second application produced such violent bronchial irritation that it was necessary to bleed him, and to desist from the fumigation.

By the 27th, he had recovered from the bronchial affection, and his throat was much cleaner. The pure nitrate of silver was applied over the surface; milk and arrow-root diet, and sarsaparilla, were again resorted to, and he was removed into a *clean* ward. His general health improved, his throat began to granulate, and he

was apparently going on well until the 25th of Nov., when the remaining portion of the uvula sloughed away, and the whole of the fauces again assumed a very threatening aspect. As the local application of the mercury had before benefited it, the lotio flava was directed to be applied to the throat; and he was directed to take Hydr. Oxymer. gr. 1-8 ter die.

On the 4th of Dec., as the throat was not improved, he was again ordered to employ the fumigation, with greater precaution than on the former occasion. During the night, he felt a peculiar sensation in his throat, requiring him frequently to swallow. At 4, A.M., he vomited up nearly three pints of blood, and became alarmingly faint. The house-surgeon, Mr. Chapman, was sent for, who ordered him Plumbi. Acet. gr. i., Opii gr. ss. 4tis horis, and directed him to take everything quite cold. The bleeding did not recur before I visited him, at half past 12. He was then in a most alarming state; his pulse so feeble that it could hardly be distinguished, and his whole body bathed in a cold clammy sweat. It was quite obvious that a recurrence of bleeding must prove speedily fatal. I had just heard of Mr. Mayo's successful operation, and should have been disposed to give the patient the chance of success from the same means, but it was quite impossible to determine from which side the bleeding took place, so very extensive was the sloughing in every direction. Under these circumstances, he was directed to take Alum gr. x., ex Inf. Rosæ 3iss. c. acid. Sulph. dilut. M. x. et Træ. Opii M. v. 4tis horis.

He was kept in a state of the greatest quietude; fed entirely on iced fruits and milk, and most narrowly watched. Without detaining your readers with too minute a detail of the case, suffice it to say, no return of bleeding took place. In a week he was much recovered in his strength, though very feeble. As the throat was still in a very bad state, and the sores on his head were spreading, the nurse was desired to rub Ung. Hyd. fort. 3i., night and morning, into the axilla. The mercury speedily began to have a most beneficial effect; the sores gradually improved, and are now nearly healed; his strength and general health have also improved in proportion. He has since left off the mercury, and has resumed the sarsaparilla.

I have stated that I should have been induced to have tied the trunk of the lingual, or the external and internal carotids, in this case, if it could have been clearly ascertained from which side the bleeding took place. I need hardly add, that, if such an operation had been performed, and the patient had recovered, it is probable that the recovery would have been attributed to the employment of the ligature. It is on this account that I think it due to the profession to publish the case; at the same time, I wish it to be distinctly understood, that I do not pretend to offer an opinion respecting Mr. Mayo's or Mr. Luke's cases. I am desirous of taking this opportunity of concurring in opinion with Mr. Mayo in the propriety of tying the external and internal carotids separately, in all such cases as may require the ligature of these vessels; but I should prefer tying the trunk of the lingual where such an

operation could be effected. In Mr. Luke's case, it is obvious that the circulation continued through the bleeding vessel, as several slight returns of arterial hemorrhage took place. It is probable that, in this case, if the force of the heart and arteries had been greater, the operation would have failed, from the collateral circulation.

A case, in every respect similar to Stennet, occurred in Sewall's ward, in the autumn of 1828. In this case, a young, very delicate female, had repeatedly extensive hemorrhage from foul ulcers occupying the whole fauces. The bleeding was successfully arrested by the same means as were employed in Stennet's case,—namely, large doses of Sulph. Aluminis in infus. Rosæ, and feeding the patient on iced milk and fruits.—I am, Sir,

Your obedient servant,
H. EARLE.

IV.

SEVERE LACERATED WOUNDS.

The Arm torn off, requiring Amputation at the Shoulder Joint.

A BOY, 12 years of age, met with this severe accident by the rope of a coal pit breaking through, which, in its full swing, severed his left arm from his body, two inches below the acromion process.

On examining the stump, the muscles were found extensively lacerated; there was a long piece of the biceps hanging loose, the ligament of the deltoid muscle torn away, and the inner muscular layer separated from the shaft of the bone, which was splintered up an inch or more. This precluded the possibility of saving the head

of the humerus ; it was therefore determined, in consultation, to amputate at the shoulder joint. On examination of the separated extremity, the length of the ruptured nerves was very remarkable—it was evident they must have been torn from their foramina in the cervical vertebræ ; but it was widely different with the arteries, for they gave way at the point of muscular laceration. The integuments presented the lineal evenness of a knife incision. There had been no hemorrhage ; still, however, the pulse was barely perceptible ; the feet and hands were cold, and he was at intervals restless and faint. He had no recollection of the accident, and could not, without some difficulty, be roused to give a coherent reply. Upon the whole, he was in a very unfavorable state for an operation of such magnitude. I preferred, therefore, postponing it till the following morning, and ordered warm brandy and water, tea, and milk, to be taken as diet, and 20 drops of laudanum at bedtime. A tourniquet was applied over the artery.

The following morning (May 17th) he was much changed for the better ; his pulse was good, although there had been considerable hemorrhage in the night. He was not yet fully aware of the nature of his accident, but said “his finger was gathering,” which had been the case previously.

The artery being compressed against the first rib, the operation was conducted after the method practised by Baron Larrey, excepting that flaps were made by dividing the integuments with the scalpel, with the view of bringing the edges into closer apposition, which accordingly it enabled me

to do. It renders, in my opinion, the external union very neat ; and by the rapid and perpendicular division of the anterior and posterior muscles with the catline, much pain is saved, and accurate adaptation of surfaces ensured. This, I conceive, constitutes the superiority of the Baron's method. The division of the capsular ligament and tendinous attachments was finished also with the scalpel ; and it may not be superfluous to mention, that the edge of the glenoid cartilage was taken off with uvula scissors, and the synovial membrane rasped from the surface of the glenoid cavity. Very little blood was lost during the operation, which I completed in about twelve minutes ; but when pressure was taken off the subclavian artery, the vessel began to bleed slowly ; a ligature was therefore applied to it, as also to a second, which bled rather freely. Firm pads were then fixed, to support the anterior and posterior flaps, and the stump dressed in the usual manner. The patient being put to bed, a little wine and twenty drops of laudanum were given. Light milk diet was ordered.

On the second day (May 18) I found him very uneasy ; he had been all night in a state of high fever, with delirium, pulling all the bed-clothes off his bed. Pulse was 130, strong, and vibratory ; tongue furred, and very dry ; great thirst ; no sickness ; bowels costive.

He was ordered infusion of sena and salts to purge the bowels freely, and grs. v. of Pulv. Antimonial. every three hours afterwards.

During the succeeding eight days the fever ranged very high, insomuch that I found it necessary

to bleed him on the 22d. On the 25th an abscess formed at the inferior angle of the scapula, which was opened on the 27th. Opiate draughts were given every night, and at any time, when in much pain, with great relief to the irritative fever. After which the sulphuric acid, bark, and wine, with an occasional purgative, constituted the internal treatment. Under this plan the wounds healed, and he was quite well one month from the day of the operation.

The Arm and Scapula torn off by a Steam Engine.

A boy, 11 years of age, was playing with the chain attached to a steam-engine, which passed over pulley wheels of large size. His arm became entangled, and was drawn in under the frame. The engine continuing to work, the whole extremity, together with the scapula, was detached from the body at the same instant. It appears probable the poor lad attempted to extricate it with the other hand: this also was drawn in.

The ulna was fractured, and the arm severely lacerated. The hemorrhage was not great, and the pain comparatively trivial, as he was able to walk from twenty to thirty yards to his father, and told him of his accident; and whilst speaking, fell down in a state of syncope. On examination of the shoulder and back, in addition to the loss of the whole superior extremity, with the scapula, a considerable part of the trapezius, latissimus dorsi, and rhomboid muscles, was removed. Thus a very extensive wound was produced; but, fortunately, the integuments which remained were nearly sufficient to reflect upon

the parts denuded. As might be expected, the boy lay for about two days in a state of great exhaustion, which was followed by correspondent irritative fever, and large suppurations; but by the use of tonics, and the free employment of opium in large doses, the boy's constitution rallied, the wounds healed, the fracture of the remaining arm united, and, in about three months, the cure was completed.

Note.—Both these patients are now in good health, and are being instructed to read and write; in which latter study they have made much progress.—*Ib.*

V.

STETHOSCOPIC DIAGNOSIS OF PREGNANCY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—IN a late number of your Journal I read with much interest an article upon the “distinctive signs of pregnancy.” The paper which I send you contains some facts relative to the same subject. In it, most of the statements which were made in the article alluded to are verified, and some other phenomena are mentioned which I have not seen noticed, except in some French publications, and which I believe are not familiar or generally known to the profession here. M. Kergaradec and one or two other French physicians have stated that, by means of the stethoscope, they can hear with ease and certainty the pulsations of the heart of the foetus, and also the sound produced by the circulation of blood through the placenta. It was to test the truth of this state-

ment that I made the observations, a summary of which is contained in the following communication.

Since the 18th day of last October I have had an opportunity of examining, at the House of Industry, sixteen females who were pregnant and had been so from four to eight months. Eleven of these have been delivered, each of a healthy child, and five yet remain to be confined. I will here observe, that one of the last named number was laboring under the venereal disease in its worst form when she entered the institution, and that she was kept under a free salivation from mercury for more than a week, without any injury happening to the child so far as it can now be ascertained. The child is at the present time (March 13th) evidently alive. The ages of these females varied from 17 to 38 years. Some of them were naturally quite robust and fleshy; others were thin and delicate. They all experienced most of the symptoms which are described by authors as indicative of the existence of pregnancy. These I shall omit describing in this article, because many of them were known only to the female herself, and had passed away previous to the time my observations were made.

The examinations which I made were "external" and "internal;" and, with three exceptions, the females which were the subjects of them had already entered or passed the seventh month of pregnancy. In examining externally I employed the senses of sight, touch and hearing; internally, or per vaginam, the sense of touch only could be employed. The abdominal tumor in these in-

dividuals varied considerably in size and general conformation at the same periods of pregnancy. In some it was very large in consequence of the quantity of liquor amnii which the uterus contained, or in consequence of the individual being very fleshy, or the child very large. In others it was comparatively very small, from opposite causes. There was also some difference in the conformation of the abdomen, in these females. This was most apparent in those that were thin of flesh. In these, and particularly if the womb contained but little liquor amnii, one part of the abdominal tumor was more projecting and uneven than another. This was owing to the local situation of the *fœtus*, and was most strongly marked during the last month of utero-gestation. In applying the hand over the abdomen, the form and volume of the uterus could in each individual be distinguished and bounded; and in most cases it was easy to determine in which part of the womb the *fœtus* principally laid. In those that were unusually fleshy this was sometimes difficult; but in those whose abdominal walls were thin, it was easily effected. In the last named class, particularly in the last month of pregnancy, the solid contents of the uterus could with greater or less ease not only be distinguished, but its different portions could be traced and limited. In two instances the child could be so easily and readily felt through the thin parietes of the abdomen, a short time before labor occurred, and during its existence, that I ventured to predict the kind and character of the approaching presentation, — which prediction proved, in the issue, to be true. The following is an ex-

tract from my notes of one of the cases alluded to. "I find that the fundus of the womb projects considerably, and that its projection is greatest a little above and a little to the left side of the navel. The abdomen is evidently most distended on the left side of the linea alba. On pressure, the left portion of the womb is much more resisting than the right portion, and on moving the fingers along from the symphysis pubes, round the superior boundaries of the pelvis, up to the ribs on the left side, I can, I think, distinguish quite accurately the position and different portions of the child. Just above the pubes I feel a hard, inelastic tumor, which I can trace partially round the left iliac fossa, and which corresponds to the size of the head of a *foetus*. I can trace its boundaries until the fingers reach a point opposite to and nearly on a line with the inferior-anterior-spinous process of the ilium. At near this point my fingers gradually sink down under the same degree of pressure, but rise again after a course of an inch or two, and in carrying them in a curvilinear direction to the fundus of the uterine tumor, I am sensible of their passing over a solid and resisting surface of large dimensions, which I conclude may be the body of the *foetus*. On a level with, or a little above the umbilicus, this tumor appears to be rather more firm and resisting than in the lower portion of the umbilical region; but no part of the uterine tumor which is situated above the pelvic cavity is so hard and unyielding as the rounded portion that is situated low and immediately in it. In moving my hand from the left to the right side of the abdomen, I

observe that the resistance of the tumor becomes less, and that the fingers gradually sink down under the same pressure. The portion of the tumor to the right of the median line is, in fact, quite soft and yielding. The fingers sink deeply into it, and the only resistance which they meet with is that which would naturally be communicated by the liquor amnii, and the distended and separated fibres of the abdominal muscles. All these phenomena were observed while the female was laying on her back, and they varied but little in their position when she turned from her back to her side, or from side to side."

After having examined the patient with the stethoscope, I was led, from all the examinations that I had made, but more particularly from those made by the hand, to form the following diagnosis as regards the solid contents of the womb. "From the conformation of the uterine tumor, and from the variable resistance which it offers to the touch, I conclude that the child occupies more of the left than the right portion of the uterus. The head of the child is lowest, and is directed diagonally across the pelvis. The occiput is opposite the acetabulum of the left side, and the os frontis is directed towards the sacro-iliac symphysis, or vice versa." About six hours after this examination was made, labor pains came on, and in three hours more the woman was confined. The diagnosis which had been given proved to be a correct one, for the head of the child presented, and, as it was passing through the upper straight of the pelvis, I ascertained, by examination per vaginam, that the os frontis was

towards the sacro-iliac symphysis, and the occiput opposite the left acetabulum.

In a majority, and I think in nearly two thirds of the cases that I have examined, the child occupied the left portion of the womb. In about one fourth part of the cases, the solid contents of the womb were evidently situated in the right side of that organ. And in one or two instances, the child appeared to lay crosswise in the womb until labor pains commenced. I have just examined a female who is near being confined, and I find that the child extends across the womb, the head being in the left portion of the organ, and the feet and knees, judging from the angular projections that I feel, occupying the right and lower portion of it. While making these examinations, I frequently observed the uterus to contract under the hand, and to cause some pain to the patient. It was in the last month of pregnancy, and just previous to the commencement of labor, and even during it, that these examinations were most satisfactory. When this method of examination is employed at this epoch, and particularly on these persons, many valuable and useful indications may be derived from it.

In applying the stethoscope over the womb of these individuals, I have heard in each two peculiar sounds; the one quick and rapid, resembling in some respects the ticking of a watch,—the other slow and prolonged, resembling the sound of a bellows. The former corresponded in every respect to the one which Kergaradec supposed to proceed from the action of the fœtal heart, and termed by him “the pulsation of

the heart of the fœtus.” The latter answers exactly to that which this author has termed a “simple blowing pulsation,” or “placental sound,” and which he supposes to arise from the placenta during the circulation of blood through it.

In every one of the sixteen individuals that I have examined, I have heard distinctly and could count the pulsations of the heart of the fœtus. In about two-thirds of the cases, these pulsations were loudest and most distinct on the left of the linea alba, and in the left side of the womb. In a minority of the patients, the pulsations were most distinct in the opposite side of the womb and median line of the abdomen; and, in two or three instances, they were most audible immediately under the linea alba, and at the distance of two or three inches below the umbilicus. In which side soever of the womb or of the median line the child was, by the sense of touch, found to be situated, in that the pulsations of the fœtal heart were, in every instance, most audibly and extensively heard. In most instances, I experienced no difficulty in detecting these pulsations;—when the woman was very fleshy, however, or when the uterus contained an unusual quantity of liquor amnii, I was obliged, in order to recognise them perfectly, to press the instrument with considerable force upon the abdomen, and to command perfect silence in the room. With these precautions, I have never failed in hearing the heart's action whenever I have examined for it, and in being able to number its pulsations. The noise produced by the friction of the clothes, by the peristaltic

motions of the bowels, or by some sudden muscular contraction of the patient, would indeed render them obscure for a moment, but it was only for a moment. The action of the fœtal heart resembles, in all respects save in frequency, that of the adult heart, and cannot be mistaken even by the unpractised ear. In the language of my notes written at the bedside, "the action of the fœtal heart is characterized by two sounds or pulsations; the pulsations are loud and clear, and those of the ventricles can be plainly distinguished from those of the auricles, almost as much so as in the adult heart. There is the gradual and deep sound of the contraction of the ventricle, which is immediately, and without interval, followed by the clear and valve-like sound of the contraction of the auricle;—a momentary rest of the organ now follows,—then occurs again the gradual and deep sound of the ventricle, followed by the clearer and sharper one of the auricle. There is no evident impulse communicated to the instrument by these pulsations, nor do I discover that the motions made by the mother in turning from side to side cause any variation in the pulsations of the fœtal heart. They continue to be regular and uniform during these movements, unless some convulsive motions of the fœtus happen at the same time, in which case they increase in rapidity."

The space over which these pulsations could be heard, their number, and the point of elevation in which they were strongest and most distinct, varied in different individuals and at different months of pregnancy. Generally speaking, they were audible over a

space of seven or eight inches long, and five or six broad. In some, I have heard them from the groin to the navel, and even beyond it; and from the superior spinous process of the ilium of one side, to within two or three inches of that of the opposite side. In others, they were limited to an area of four or five inches. Their number varied from 118 to 155 in a minute, in different females and at different periods of gestation. In the earlier periods of pregnancy, they were more frequent than in the later periods. They are generally uniform and regular in their succession and number, but, when the child moves suddenly, or when any convulsive motions take place in its limbs, then the action of the heart becomes so rapid that it is difficult, and sometimes impossible, to count its pulsations. The spot where the pulsations were most audible, particularly during the last month of pregnancy, and under which the heart was most probably situated, was generally about three inches from the navel, on a line extending from it to the middle of the groin. This spot, however, varied in its situation in the different months, and when the patient turned from side to side.

The earliest period at which these pulsations were heard by the French author, was the sixth month; but I have heard them earlier than this. The first time that an opportunity occurred to me to examine the womb of a pregnant female with the stethoscope, was on the 18th day of October last. This female then told me that she had then gone just four months and a half with child. She dated her conception

from the first day of June, and insisted that she could not be deceived in the date ; for she declared that she had not for some time previous to, nor since, "*Artillery Election day*," had illicit intercourse with any man. Soon after *her* celebration of this day, she began to experience the signs common to conception. The menses, which always appeared in the middle of each month, had not taken place since the 15th of May. About the middle of September, she experienced what she called the quickening. On the 18th of October, the pulsations of the fœtal heart were distinct and audible through the instrument, and amounted to 155 in a minute. My examinations of this individual were frequently repeated until she was confined, and during every one of them I could hear, with greater or less facility, the action of the fœtal heart. This woman was confined on the 10th day of February, and, consequently, *twenty days* earlier than she ought to have been, according to her own reckoning. If it was true that she conceived on the 1st day of June, as she was sure she did, then the pulsations of the heart of the fœtus were heard and counted as early as between the fourth and fifth month of pregnancy ; or, supposing that she was mistaken in the date of her conception, and that she actually carried her child the full term of nine months, even then the facts above stated show that the pulsations of the fœtal heart were heard at the expiration of *five months and eight days* after conception had taken place, which is about a month earlier than noticed by Kergaradec. This is the earliest period that I have

heard, or have had an opportunity of examining for the fœtal pulsations ; but, from the ease and distinctness with which I heard them at the period just stated, I doubt not but that they might have been detected much earlier. I have already observed that these pulsations preserve the same character at the different periods of pregnancy,—I will further observe that they continue to be heard even during labor, and during the strongest contractions of the womb. Their number and regularity are the same, so long as the body of the child is in the womb ; but, immediately after it passes from that cavity, they are no longer to be detected over the abdomen.

Besides the stethoscopic phenomena now mentioned, I have heard, in most, but not in all of the cases stated, the "simple blowing pulsation" described by our French author, and which he denominates the "placental sound." The region in which, and the space over which, it could be heard, varies in different individuals and at different periods of gestation. I generally heard it more audibly in the upper and anterior portion of the womb, and almost always in a part of the organ opposite to that in which the fœtal pulsations were heard. If these were observed on the left side of the linea alba, then the placental sound was usually to be discovered on the right side of this line, and vice versa. In one instance, the sound proceeded from the lower part of the womb, near the pubic region ; and, in a female yet to be confined, the sound can be heard on each side of the fundus of the womb, but cannot be distinguished in the

central and most projecting part of it. In this last case, the placenta is probably attached to the upper and back part of the uterus, having the child immediately in front of it. The place of the placental sound was, in some cases, limited to three or four inches in extent; in others, and particularly in those whose abdomen was much distended by the waters of the ovum, the space over which it was audible was many inches in diameter.

The character of this sound is peculiar. It assumes, during the course of pregnancy, as Laennec has observed, all the characters of the bellows-sound. About the commencement of the fifth month, which is the earliest period that I have had an opportunity of hearing it, the sound was characterized by a sort of rushing or rasp-like noise, not unlike that produced by the action of a small file upon a thin soft board. Later in pregnancy, and during the eighth and ninth months, at which period I have heard and examined it most frequently, it is duller, and resembles very closely the sound produced by the blowing of a pair of bellows. This comparison, however, does not convey to the mind a perfect idea of the sound: it has more of a swelling tone or character, if I may so term it, than that produced by a pair of bellows: it resembles the noise of a broad dense flame, which is produced by the wind from a large pair of bellows, more than it does the simple issuing of the air from the bellows itself; or perhaps it still more perfectly resembles the noise of water as it is forced from the hose of a fire engine. This sound is always isochronous with the pulse of the

mother, and varies in number and character with it. It increases and dies away in unison with the dilatation and contraction of the artery at the wrist, and its intensity was always the greatest at the moment that the impulse of the artery was greatest.

The placental sounds were always heard in the same part of the womb in the same individual, and were uniformly distinguished by the same peculiarities until the commencement of labor. But during the labor pains a new phenomenon takes place in regard to them. At the moment the pains occurred and the womb began to contract, I observed that the placental sounds became less sonorous and gradually died away as the pains increased, and finally, when these were most acute and the contraction of the uterus was greatest, they for a moment completely disappeared. When the pains are light and the contraction of the womb but partial, the placental sounds become less diffused and audible, but do not cease entirely. They diminish in intensity in proportion as the degree of pain and uterine contraction increases. As the pains cease and the uterus relapses again into its previous quiescent and dilated state, the placental sounds assume their accustomed character, and during the intervals of pain they vary in no respect from what they were before labor commenced. These phenomena I have heard repeatedly, and during many successive contractions of the womb. I have heard them in six different cases, and I want no other proof to convince me that the "simple blowing pulsation," or "placental sound" now described, proceeds from the placenta. But there are

further proofs of this. The moment the child is born and the cord ceases to pulsate, the placental sound is no longer heard; and, in two cases, I have immediately, on the birth of the child, and before the cord was divided, passed my hand into the womb, and ascertained that the placenta was attached to that part of the organ from which the sound proceeded.

It is said that the placental sounds can be heard as early as between the third and fourth month of gestation, and immediately after the uterus has risen above the pelvis. The earliest period at which I have had an opportunity of examining for them, was the last of the fourth, or the commencement of the fifth month. They were audible at this period. They were occasionally intermittent, and could not during every examination be detected, until the last few weeks of pregnancy. During the ninth month I never failed hearing them distinctly whenever I searched for them. The friction of the clothes against the instrument, the noise made in the room, and the rolling of the intestines, would now and then overpower the sounds of the placental pulsations—but only for a short time. The moment these accidental causes were removed, the sounds would become as distinct and audible as ever.

In making the “external” examinations now mentioned, the female was made to lay upon her back, and to be lightly covered with clothes. The position of the patient, however, was often changed. Sometimes I made my examinations whilst the female was laying on her side,—on her face,—and whilst standing erect,

—without, however, observing any very material variation in the situation or character of the stethoscopic phenomena.

I have never been able to hear the foetal or placental pulsations by applying the stethoscope over the loins or sacrum, or over the back part of the abdominal walls. To ascertain the state of the womb by manual pressure, I usually commenced my “searching operations” at the symphysis pubes, and, from this point, I cautiously carried my fingers over every part of the abdomen. In using the stethoscope, I usually applied it, in the first instance, over the navel, so that this organ should be included within the open end of the instrument. From the navel, I moved it in every direction over the abdominal cavity. Proceeding in this manner, it was easy to discover in what region of the womb the pulsations were located, and the exact point where they were strongest and most powerful. Generally speaking, all these examinations may be made with as much facility as those of the chest can be, and with as little exposure of the patient, and without necessarily offending the delicacy even of the young and sensitive. Occasionally, however, in order to convince myself that I was not mistaken in the character of the sounds which I heard, I have been obliged to expose a part of the abdomen sufficiently extensive for the application of the instrument. But, in most cases, this was unnecessary. The phenomena were easily distinguishable through a simple covering of clothes, as a sheet, for instance. The covering, however, should be of linen or cotton, and, to pre-

vent any noise which might arise from friction, I have found it useful to moisten the part of the covering over which the instrument was to be applied, or to dip the end of the instrument in water previous to its application. Either of these precautions will generally render any exposure of the abdominal surface entirely unnecessary.

From the "internal" examinations, I have observed nothing in these cases which has not often been noticed and described. The neck and mouth of the womb, in the individuals that I have examined, were observed to pass through the same changes as described by most writers on midwifery, and which have been lately happily and truly delineated by Dr. Gooch in his late work, and alluded to in your Journal. The balancing of the fœtus in the liquor amnii was frequently observed during the last three months of pregnancy. By forcing my fingers suddenly against the mouth or the thin walls of the uterus, when this organ was much distended with the waters, the fœtus could be made to rise up in them, and to fall against the fingers with an apparently rotatory motion. The impulse communicated to the child, by falling upon the fingers, would cause it to make many strong and rapid motions with its limbs, which were very distinctly felt by the hand, which was placed externally over the uterine tumor. In females whose womb contained but a slight quantity of liquor amnii, this balancing of the fœtus could not be observed. The whole womb could be made to rise up, but the peculiar balancing of the child within it was not evident.

The following inferences may justly be drawn, I think, from the preceding observations :—

1st. By means of the stethoscope it can generally, and perhaps always, be easily ascertained if the woman be pregnant with a living child ; and whether she be pregnant with one or more living fœtuses.

2d. By means of the same instrument the situation of the placenta can be determined, whether in the fundus, side, or over the mouth of the womb ;—and—

3d. The situation of the child in the uterus may be distinguished, and the character of the presentation at birth may, at least in some cases, be foretold by means of external manual examinations.

A knowledge of the foregoing facts is important, on many accounts,—first, *in regard to the individual herself and her family.* The character and happiness of a female, and that of her family, not unfrequently suffer from false and unjust suspicions of her being with child. It is but a short time since, that two of the faculty of a neighboring county were called upon to decide the case of a trembling female, who had been accused by her friends of being pregnant, and who had been threatened with vengeance in case she proved to be. The opinion of the physicians was that the girl was pregnant, and was as far advanced as the seventh month. The wretchedness of the girl was now complete, although she continued to protest that she was not and could not be in the state that she was supposed to be. Time, however, proved the innocence of the girl : the case was that of dropsy, arising from a diseased

liver. Had the stethoscopic signs of pregnancy been familiar to these medical gentlemen, their opinion of the case of the female now alluded to would unquestionably have been different.

In the second place, *in regard to the physician himself*. He is frequently called upon to decide, as in the case just related, whether a woman is with child, or whether her symptoms and appearance are the result of some organic derangement. His decision is evidently of great moment, because his course of treatment would be governed by it. Cases have happened in which the operation of tapping has been resorted to, where the case was that of pregnancy instead of dropsy. If the female is pregnant with more than one child, or if the placenta should be attached to the mouth of the uterus, which I think may be determined by auscultation, then he can take early advantage of the circumstances, and may be the means of saving the woman much pain, and perhaps of preserving her life.

In the last place, a knowledge of these facts is important *in a medico-legal point of view*. Many legal decisions, involving large amounts of property, and affecting the character and even the life of persons, may depend upon the fact of a woman's being or not being with child. Now there are, perhaps, no signs, except those furnished by the stethoscope, which can be given, in courts of justice, as unequivocal evidences of the existence of pregnancy. All those commonly described as indications of this state, may be the result of organic disease, and of causes foreign to the state of pregnancy.

The stethoscopic phenomena which I have described, when they exist, must be considered as sure and unequivocal proofs of the existence of pregnancy; for they cannot be simulated by any other sounds which can take place in the womb.

The facts and observations which I have now hastily thrown together, will, I hope, so far attract the notice of my medical brethren, as to induce them to engage in a series of examinations like those described. Much important information, I doubt not, might result therefrom, and many facts be established which might be of great value to the Faculty and to the public. Yours, &c.

J. D. FISHER.

*Boston, Hayward Place,
March 18, 1830.*

VI.

THE HOSPITAL SURGEONS OF PARIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I enclose a letter recently received from a former pupil of mine, now in Paris. Such parts as relate to the Hospitals you are at liberty to publish in your valuable Journal, if you think them of sufficient interest.

Yours, &c.

* * *

Boston, March, 1830.

At the Hospitals here, there is little that is interesting going on at present. At the Hôtel Dieu, Dupuytren begins his visit at daylight, after which he gives a lecture, and has operations. He is an admirable lecturer, and has the art of making the most trifling subjects interesting. He is a man about 55, I should think, or upwards, strong muscular fig-

ure, with a fine intelligent countenance, and with grey hair. At the hospital, he always wears a white apron of coarse cloth. The principal operation I have seen him perform, was for the stone, upon a child about three years old. He introduced a full-sized sound, with a large groove, and having a large probe extremity, into the bladder, and then, with a sharp-pointed bistoury, he made a transverse semilunar incision about three lines above the margin of the anus. He then introduced the concealed gorget, and afterwards a pair of forceps, with which he immediately withdrew a stone of large size. The whole operation was performed in an inconceivably short space of time; the child appeared to suffer very little during or after the operation, and was perfectly well in a few days. It was the third operation he had undergone.—Rather a singular operation Dupuytren performed the other day, was trepanning the os humeri below the insertion of the deltoid muscle, for disease of the bone.—Dupuytren, in his visits, uses the most endearing epithets, as *ma belle fille*, *mon bon garçon*, etc., but he is excessively irritable, and, if they do not answer quick enough, or give unsatisfactory answers, he abuses them at a great rate.

At La Pitié is Lisfranc, the rival perhaps of Dupuytren, or second only to him in operative surgery. He is a much younger man than the former, tall, handsome, and of a more commanding figure, with an expression slightly sarcastic. In addition to the apron, he visits and lectures in a black night-cap. He is much admired as a lecturer;—his hours

are the same with those of Dupuytren, with whom he is at sword-points, and whom he does not spare in his lectures. As I have attended the lectures of the former, I have heard him only once or twice;—I saw him cut off a leg, which he did with wonderful dexterity and expedition. The rapidity with which they all operate, is the most remarkable feature I have observed in the French Surgery. It is perhaps owing to the facility of constantly pursuing dissections here, to their devoting their lives to one branch of the profession, and to the number of operations they are called to perform: whether, after all, it is consistent with the safety of their patients, is a thing which I greatly doubt.

At the Hospital Necker, Civiale has generally two or three patients upon whom he operates, every Saturday, for extraction of the stone through the urethra. He is a young man, I should think about 35, has a very pleasant intelligent countenance, and appears to be a perfect gentleman. He seems to be the particular favorite of the Americans, and is followed almost exclusively by an American class.

From the Hospital Necker, we usually go to La Charité, where Boyer and Roux operate. Boyer looks like anything but a great man. He is a fat square figure, and, in his old coat and bloody apron, might be taken for a hog-killer. He operates most generally for fistulæ in ano. He appears to possess a great deal of humor, is very fond of gossiping with the students, generally sits a long time talking with them after the visit, and will keep the class laughing for an hour, in a

lecture on fistulæ.—Roux is about 30: he is said to perform many operations with great dexterity; I have seen him only once. He then performed the operation for brachial aneurism. He put a roller of linen between the artery and the ligature, in the manner recommended by Boyer. Boyer, by the way, has lately performed an important operation,—the extermination of a large portion of the rectum,—an account of which you have probably seen by this time.

At the School of Medicine, Orfila is the most popular lecturer. The doors are opened half an hour previous to the commencement of the lecture, and, half an hour before this, they are surrounded by hundreds of students, in defiance of the cold. At last the doors are opened, and the crowd rush forward with all their might, overthrowing and trampling down some, and squeezing the breath almost out of the body of the others. I attended his lectures at first, when the throng was not so great, and wished much to continue, but I found it impossible to get a place near enough to hear him. He is a very animated lecturer, and speaks with great rapidity. His lectures on the application of Chemistry to Medicine and the Arts, are among the most useful here. He is rather a young man, extremely handsome and graceful.—The Professor of Anatomy, Cruveilhier, is a young man, not as yet a very popular lecturer, though he appears to me to be a very fine one. He has a somewhat singular method, though I think an interesting one. For instance, he described the vertebræ, and then pointed out the similarity between the skin and a vertebra.

He lectured first upon the scapula and the muscles connected with it; then compared it with the os ilium, and demonstrated the latter with the muscles belonging to it; then the os humeri, the os femoris, etc.—The prodigality with which subjects are used for demonstration is striking. C. has generally two subjects for a lecture, and seldom uses the same twice. The first day of his lecture he wished to show the ligaments of the spine, with the connections of this column with the head and pelvis. The whole column, with a portion of the head and a portion of the pelvis, was cut out of a whole subject, which was then divided into quarters and given up to the dissectors, with his Prosecteur M. Bérard, to employ ourselves with, till he could procure a whole subject. The ordinary price of dissecting in the Pavillion, I understand, is one franc per month; but they have the refuse subjects, after the Internes and Externes are served, and the best, having been examined, are well mangled. We engaged to pay fifty francs each per month;—for this, we were to have one whole subject a week, among five; to see the dissection of the subjects for Cruveilhier's lectures; to have a private course on Anatomy; a course on Surgery,—at which we were to see the operation first performed by Bérard, and then each operate in turn,—and to have a comfortable room, as warm as we pleased. In the pavillion they have no fire. Mons. Bérard appears to be one of the rising stars here;—he has gained most of the prizes on different medical subjects that have been given for two or three years past, and is

now a candidate for the office of Adjunct Professor of Surgery.—The minuteness, with which they dwell upon every part of Anatomy is wonderful. M. Bérard has been lecturing to us these six weeks, and has just finished the bones. As he has only about ten

auditors, we have a very great advantage.

And now let me give you my sincere thanks for the advantages which you afforded me, when a pupil, at the Hospital, at the Medical College, &c. &c. * *

Paris, Dec. 29, 1829.

SKETCHES OF PERIODICAL LITERATURE.

DELIRIUM CURED BY OPIUM.

A CASE is related in one of the London Journals, in which delirium arising from mental depression and the fear of poverty was cured by the exhibition of large doses of opium. As far as we can judge of the signs of the time, the anodyne mode of treating disease seems to be getting into favor. We noticed, in one of our late numbers, a new view which had been taken, by some distinguished practitioner abroad, of inflammation in general,—according to which, there was always a commencing stage of pure nervous excitement in which opium might be safely employed, and would be very likely to arrest the disease. The opiate practice in dysentery has found advocates from the time of Sydenham, and a similar mode of treatment in true enteritis has been strongly recommended by an eminent physician at the South. In delirium tremens, the true pathology of which has been so much a matter of dispute, practitioners seem to be nearly agreed in a liberal use of this remedy. One thing is certain,—that, amid the fluctuation of opinion and practice in regard to the various remedies of the *materia medica*, there is no one ar-

ticle which has so uniformly maintained its reputation, as there is certainly none for which, if banished from the kingdom of nature, we should find it so difficult to procure a substitute, as opium.

COMPLICATED LABOR.

A VERY interesting case is given in a late number of the London Medical and Physical Journal, in which rupture of the membranes occurred in the third month of utero-gestation, and delivery was protracted until the seventh. In the interval, several profuse and alarming hemorrhages occurred, and the discharge of the liquor amnii was almost constant. Several attempts were made to ascertain the state of the uterine contents, but the os tincæ was found almost perfectly closed. At length a severe turn of bleeding came on, accompanied with pain, which had previously been absent; examination was made, and the degree of dilatation permitted the discovery that the placenta was attached to the cervix uteri. By pressure on the part the hemorrhage was arrested, and the expulsive efforts gradually diminished. Under these circumstances it was concluded to administer the er-

got, of which a drachm was accordingly given in two doses. Pains returned with great vigor, and in twelve minutes the dilatation was so great as to induce the practitioner to make an attempt to introduce his hand and turn. The head was found presenting beyond the placenta, and before turning could be effected the pains increased, and delivery took place by the natural efforts. On examination another fetus was found presenting, with its membrane entire. This was ruptured, and the labor was concluded a few minutes after, without difficulty. The placenta of the first child was found to have been separated for about one half its area, and a considerable part cicatrized; a circumstance which seemed to account for the frequent occurrence of hemorrhage. The rupture of the membranes at so early a period does not seem to have been so fully explained.

The most interesting fact in the case, as viewed by the author, is that of the continuance of labor, after the rupture, for the period of one hundred and thirty-five days,—an event which he considers to be entirely unparalleled. The peculiar situation of the placenta may perhaps have prevented the rapid discharge of the fluid; and the remains of the membrane must have retained the power of secretion so as to supply the loss. A more important consideration suggested by the case, at least in a practical point of view, regards the treatment of cases in which a placental presentation occurs. When this exists, it is sometimes recognised by the symptoms at an early period of

gestation; it is always known very soon after the commencement of labor; and the question is, at what period, and under what circumstances, does artificial labor become proper and necessary? A patient in labor of this description, will generally be found enfeebled by previous hemorrhage; and even if this have ceased for the time, or, as in the case cited, can be restrained by pressure, it may still recur at a moment's warning, and in such quantity as to prove instantly fatal. In fact the occurrence of profuse bleeding, under these circumstances, is a necessary consequence of the relation of the parts. The dilatation of the os uteri, when the placenta is the presenting part, can take place only at the expense of their connection with each other; some of the intervening vessels must be ruptured, and hemorrhage even from this cause alone is inevitable. It is therefore a most important object that the delivery should be effected with the least possible delay. On the other hand, the practitioner feels that he cannot attempt this with any rational prospect of success until a considerable degree of dilatation has taken place; that a forcible enlargement of the orifice can only be depended on to a certain limited extent; and that the operation, if commenced at a period when it must be tedious and protracted, may involve the very hazard he wishes to avert. When the moment has arrived in which turning seems possible, he may find new arguments for delay: the labor may be rapidly proceeding; no hemorrhage may have occurred for some time; and if cautious and timid

in his character, the accoucheur may find himself more willing to place his dependence upon nature, than to interfere. That this is sometimes done safely, there can be no doubt; and it is important to observe, that no objection can be urged against it on the ground that the uterus, exhausted in common with the rest of the system, cannot act with its due vigor in expelling its contents; for experience shows that the previous occurrence of hemorrhage does not impair the propulsive power of the organ, to any considerable extent. This, then, though a negative argument, adds something to the considerations in favor of delay. After all, however, the advantage remains decidedly on the side of turning in the great majority of cases. The period at which it is to be practised must be left to the judgment of the practitioner. With regard to the previous use of ergot in such cases, according to the practice above quoted, we think it may be safely recommended. If given when the os uteri is partially dilated, but not sufficiently to admit of immediate turning, it will probably act, as in this case, by accelerating this process; and, by enabling the operator to act at an earlier period, will materially abridge the duration of the labor, and of its attending dangers.

QUININE AND THE NEW MEDICINES.

HERE, reader, is the beginning of what we apprehend you will before long hear much of.—A paper by Dr. Hancock, of Demerara, published in the *Quarterly Journal of Sci-*

ence, contains some very ingenious and plausible suggestions with regard to the almost universal substitution at present of the quinine for cinchona. He conceives that the zeal for simplification of vegetable productions, and for extracting their active ingredients, to the rejection of those which are inert and useless, has been carried farther than the reason of the case will at all justify. It does not follow, because an ingredient is inert by itself, that it can contribute no activity to the substance of which it is a component part. Certain articles exert, in combination, an effect of which separately they are incapable; and there is no reason why the same principle should not obtain in a vegetable substance containing several constituent elements differing in their chemical character.

It has long been believed that the cinchona produced its effect in intermittents through the combined agency of a bitter, an astringent, and an aromatic principle. This idea has been confirmed by direct experiment. It has been ascertained that two substances, one a pure bitter and the other a simple astringent, were separately without any efficacy in diseases of this class, but when combined exerted a decided effect.—Cullen reports trials of this kind made with oak bark and gentian, and Berzelius obtained similar results with a combination of ash bark, tormentil root, and ginger. Now quinine, as is well known, retains only the bitterness of bark without its astringent or aromatic quality; and on this ground it might be expected to be inferior to it in activity. Another

a priori argument against the virtues of quinine is derived from its mode of preparation. According to the most received formula, a tincture of the bark is first prepared, which is evaporated to an extract, and this repeatedly washed with water. By these processes it is evident that nearly the whole of that portion of the substance which is soluble in water is rejected, and nothing retained except that small proportion of which alcohol is the only menstruum. Now that some of the active principles of cinchona are soluble in water, does not admit of doubt, since both the infusion and decoction have proved successful in intermittents; the advantage therefore of abstracting this portion by the processes alluded to, is more than doubtful.

Having thus considered the theory of the substitution of quinine for cinchona, Dr. H. next challenges the testimony of experience. In the outset he maintains that the fact of the general employment of the former is by no means a sufficient proof that it is found efficacious. Of the remedies in use at the present day, there are not many which are exhibited under a preconceived notion of their *specific* effects; but those which are thus considered are very likely to be viewed with an undue degree of confidence. Not many years since an opinion was advanced and credited, that the active principle of cinchona was gelatine; and while this notion lasted, glue was found to be an excellent remedy in intermittent fever. That the pretensions of quinine are better founded, there can be no doubt; but that it does frequently

fail to produce any effect, we have ample testimony.

One circumstance worthy of remark, in regard to this remedy, is the progressing increase of the dose in which it is customary to exhibit it. When first introduced, two grains were considered as large a quantity as could be safely administered at one time; and now it is no uncommon thing to hear of four or six grain doses being taken without perceptible effect. Dr. Hancock reports two cases in which it proved inert; and although this amount of experience does not warrant any important inference, yet taken in connection with the fact that one of the cases was directly afterwards cured by cinchona, it may be regarded as of some value.

To the experience of Dr. H. we may perhaps be allowed to adjoin our own. It would be too much to say that we have never seen any effect produced by quinine, even when administered in large doses, because our memory may not be unerring. With perfect certainty, however, we can say that it has totally disappointed our expectation, in all the cases (and they are not few) in which we remember to have prescribed it. In one instance, a boy of about 13 years took 16 grs. a day, without any apparent effect, good or bad;—bark in substance subsequently restored his appetite and strength;—and it is not a week since we prescribed it in large doses to a lady, with an equally mortifying result.—These two cases are but specimens of a number which have occurred in our own practice; and they have given rise to an opinion which

we have frequently expressed to our medical friends, that there is some delusion about the efficacy of this medicine. Often have we abandoned the use of it, and as often been induced to suspect the correctness of our own conclusions, by the histories which have come to us in the Journals, of its powerful influence over disease: but these cases, we apprehend, after all, must be placed with the gonorrhœas cured by Mr. Thorn, and the hundred other diseases which have been said to vanish before the influence of new and fashionable, but, as the event has proved, powerless medicines. The explanation of all these cases is probably the same, and not perhaps exceedingly difficult.

GUNSHOT WOUNDS.

MR. LAWRENCE, in one of his Lectures on Surgery, notices this class of injuries at considerable length. In speaking of the various modes in which lesions of parts may occur from this species of mechanical violence, he remarks that a cannon ball may inflict a blow sufficient to cause some contusion, fracture, and even death, without actual division of the integuments, and persons to whom this accident has happened may be found dead on a field of battle, without the possibility, unless by very scrupulous examination, of determining the seat of the injury. Such as these are the cases in which the wind of a ball is said to have proved fatal; an idea which can have no foundation in fact, since a ball often carries away one of the lower extremities without producing any effect on the other,—a circumstance which could

not occur if the vulgar notion referred to were well founded.

After speaking of the treatment of gunshot wounds, Mr. L. concludes his lecture with a case, the details of which, as given by him, we will transfer to our pages.

I remember being sent for, to see a young man who had attempted to destroy himself. He got a loaded pistol, and put it to the left side of his chest and discharged it. I was summoned suddenly, and the person that came said that it would be of no use for me to go, because he was dying, and probably would not live till I arrived; but still he had been desired to fetch a surgeon, and therefore wished me to see him, whether dead or alive. When I came, I found the young man nearly in a state that justified the representation of the messenger who had come to me. He seemed almost dying; was in a state of the greatest depression; his pulse was hardly perceptible, his skin was pallid and cold, he was hardly able to utter a sound, and he looked like a dying man. There was an opening towards the anterior part of the chest, near the middle, on the left side, not far from the sternum; so that it seemed probable that the bullet had gone near the heart. Upon examining him carefully, I found the bullet under the spinal process of the vertebræ, nearly opposite to the part where it had entered in front. I divided the skin with a bistoury, and took out the ball. He was in so low a state, and so reduced, when I saw him, that it was necessary to put him in bed, and give him some wine and water to rally him. When he was placed in bed, he slowly recovered from this state of depression. However, it appeared manifest that immediate effects were produced on an organ of consequence that would necessarily be fatal, and that all that could be done was, in proportion as the circulation recovered, to bleed

him very freely, to starve him, to purge and to keep him in a state of perfect rest. This plan was pursued, in all its parts, to the utmost extent. Symptoms of considerable inflammation, which came on from the first, were obviated by venesection, purging, and the means that I have men-

tioned; in fact, he lost an immense quantity of blood. He was reduced, by these means, to death's door; however, he was a young person, and it so turned out that neither the heart nor the lungs had received serious injury. He recovered completely, and got quite well.

BOSTON, TUESDAY, MARCH 23, 1830.

DESCRIPTIVE ANATOMY.

FROM the endless and perplexing task of adjusting the merits of medical theories, and deciding between various and often contradictory modes of practice, it is pleasant to recur now and then to that branch of our science where fact has the precedence of theory, and demonstration is substituted for mere probable evidence. Let men say what they will of Medicine, we can at least hold up Anatomy as an exact science. Here there is no royal road to knowledge, and no chance for ignorance to conceal itself under the disguise of arrogant presumption. The unprincipled quack may, and often does confront the scientific practitioner at the bedside of the patient, and even confound him by the very boldness with which he utters the grossest absurdities. But let them meet in a dissecting room, at a post-mortem examination, or in a case of accident involving the injury of deep-seated parts, and their comparative importance will be found reversed. The man of science gains the confidence and respect of the by-standers by the first words he utters, whilst the ignoramus is glad to remain silent and unnoticed,—conscious that a single observation on the scene before him, may betray

him to all present, and render him an object of contempt and ridicule.

Every attempt to facilitate the acquisition of knowledge so important as that of the structure of the human fabric, should meet the approbation and good wishes of us all; and it is with much pleasure we notice that an edition of Cloquet's Anatomy, translated by Dr. Knox, has just been published by Messrs. Wells & Lilly, of this place. This work of M. Cloquet is esteemed, by good judges, the best manual of Descriptive Anatomy now extant; and, although we cannot agree with the learned, and unfortunately celebrated translator (*vide* preface to the work), in condemning treatises of General Anatomy as useless, and the speculations of Bichat and Meckel as absurd and visionary, yet we do agree with him in the opinion that the purely descriptive part of the science may be advantageously separated from the other, and presented to the student in a convenient form and within moderate limits, as a guide and companion in his personal researches. More than this a treatise on Anatomy can never be; since to expect a student to learn this science from a book, is an absurdity too gross to be tolerated.—

The work in question is without plates—an omission which can scarce be regretted, since any delineations of the parts capable of materially assisting the reader, would have rendered it far more expensive, and consequently less generally accessible; besides, regarded as a companion to the student in his personal researches, plates would clearly have been unnecessary and useless. As it is, the price is reasonable, and we hope the enterprise of the publishers will not prove to have been misdirected.

PECUNIARY EMBARRASMENTS OF THE PROFESSION IN ENGLAND.

A VERY melancholy picture is drawn by the editor of the *London Lancet*, of the impoverished state of the members of the medical profession in England. Largely, very largely, are they said to have partaken in the general distresses of the country. Whole families go through the measles, hooping cough, the successive stages of varicella, and even the angry scarlatiná, without troubling their medical attaché, and though pretty uniformly called on to vaccinate the children, the family physician is deemed sufficiently rewarded, in these hard times, by the confidence thus evinced in his professional skill. It is only in extreme cases of absolute necessity that regular visits are requested.

But it is not only this current economy of medical attendance which is complained of. When pay-day comes, few are ready to meet the demands of their physician. Never was so great a measure of inability

to pay experienced, it appears, as at the present time. "Money is scarce; there are many bills which *must* be paid, and after we have got rid of these, we will try to pay *part* of the Doctor's." This is the language most generally heard. People appear to think that the Faculty have some mode of procuring the necessary comforts and even luxuries of life, without money,—that there is some magic in the business which renders gold and silver totally unnecessary for medical men. 'This strangely absurd sentiment seems to exist in more countries than one,—and what is still more unfortunate for us is, that our grocers, tailors, wood-wharfingers, and the various other classes of gentry by whom our wants and comforts are supplied, seem to be almost the only ones truly enlightened on this subject,—the only ones among whom this absurd notion does not exist.

We were amused by the remedy suggested by Mr. Wakley for the pecuniary evils under which he supposes the profession to be groaning. America, he seems to think, offers a fair opening for those professional gentlemen whose families are starving at home; let them emigrate to this fair land, and all mourning and complaint will cease; for here medical men are in demand, and as for gold and silver, one would suppose the editor believed they grew on our pine trees, and paved the streets of our cities.—Nothing can be farther from the truth. We graduate every year, at our medical colleges, more Doctors of Medicine than can possibly get a living in the country; and

those practitioners who are already enjoying a fair proportion of public favor, feel, although in a much less degree it would seem than their brethren in England, their full share of the pressure of the times. Were a cargo of poor doctors, with their families, to come and seek a living from the exercise of their profession in America, they would find too late the error of their expedient,—they would find that we have among ourselves abundant resources whence to supply the demand here existing for such services as are expected from either of the learned professions. Literary importations have heretofore proved tragical in the extreme; no reason exists why the result should be different now. Besides — *Une pierre que roule n'amasse pas de mousse*. Expectations of gain by change of country are most generally disappointed. It is better for a man to be contented with a merely comfortable subsistence in his own native land and among the long known and long loved, than to incur the hazard of suffering the pains of penury among those who have with him no community of feeling. If the account be true, we most sincerely deplore the pecuniary troubles of our transatlantic brethren, but feel assured that, even as a dernier resort, emigration to America would but augment their embarrassments.

THE LANCET DULLED.

DR. JOHNSON of London, Editor of the Medico-Chirurgical Review, after making copious extracts from an article which appeared in our Jour-

nal for July 29, 1828, on the state of the Profession in England, adds the following comment, from which our readers will learn without regret what is the present condition of Mr. Wakley's Lancet. Though its edge be now gone, the wounds it has made in its day have been numerous, deep, and directed by no unbiassed judgment; and though, after a time, most of them may be cured, none certainly can heal by the *first intention*.

"Every honorable man," says Dr. J., "who has the interest of his profession at heart, or who is imbued with any of the better feelings of humanity, will join in the excellent advice and wise precepts of our transatlantic contemporary, whose sentiments do honor to his country as well as to himself. It may be gratifying to him to know that the influence of the "common libeller" is gone forever, in this country—and well that libeller knows it! The hallucination is passing fast away from the medical profession of these Isles, though not before its members became the subject of astonishment, and too often of contempt, among their brethren in other countries. The violence of the infatuation has soon exhausted, and consequently cured itself—and the instrument which once created awe among the timid, is now looked upon with as much indifference, if looked upon at all, as the log thrown down by Jupiter was eyed by the croaking tribe, after the splashings had subsided."

NOLI ME TANGERE.

THE tubercular disease designated, by Willan and other writers, by the generic term *Lupus*, has been always formidable. In its original tubercular state, it has appeared sometimes to yield to well-directed treatment,

but, after ulceration has taken place, it usually goes on, in its work of destruction, till it produces deformity of the most hideous aspect:—its progress is seldom interrupted by any general or local remedies known to the profession. Under these circumstances, it is not strange that many of the Faculty, and more particularly those connected with institutions for the treatment of cutaneous diseases, should have expended much time and reflection, and tried numerous experiments, in order to obtain more light on the nature and cure of so malignant a disease. As few of these experiments have been productive of much useful knowledge, they have never been brought before the public; but we are happy now to be able to impart, for the first time, to our medical friends, some information on this subject, of great practical value.

M. BIETT, of the Hospital St. Louis, has found that, in their tuberculous state, these tumors will often yield to frictions with the deutoioduret of mercury; and Dr. SAMUEL PLUMBE, of London, author of the best book in the English language on the treatment of cutaneous diseases, has found out a very sure and effectual remedy for them, in their chronic ulcerative condition. In a letter to the Editor of this Journal, Dr. Plumbe writes, "I have lately had the satisfaction of curing several cases of Lupus, of several years standing, by the use of *Nitrous Acid Lotion*, made of about the strength of weak vinegar. Not, however, by merely applying it, by means of linen, to the sore, but by the diligent

and hourly use of it, with a camel's hair pencil,—so brushing and washing the surface, as to extenuate and wash away every portion of that gummy brown secretion as soon as formed, and applying the lotion directly and constantly to the bare surface. It really works miracles, and I consider it the most valuable fact which I have discovered for years."—Here then is another and a most frightful disease, struck at once from that black list of incurables, which the enterprise and intelligence of the Faculty are so zealously engaged in reducing.

ARM PRESENTATIONS.

DR. SAMUEL, of Konitz, has endeavored to prove that, in certain cases, amputation of the arm, when this presents in parturition, may be not only useful but necessary; and, to illustrate his views, he relates the two following examples. In both, the fœtus was placed transversely, and the waters had come away for thirty-six hours. There were distinct signs of the child being dead. In one the arm had made its appearance prematurely, and forcible efforts at extraction had been made by pulling it, until the shoulder, and part of the thorax, were impacted in the lower part of the pelvis. The shoulder of the expelled arm was wedged against the inferior border of the arch of the pubes, and the arm itself was swollen to four times its natural size. It was black; partly deprived of cuticle; and in a state of emphysematous putrefaction. The mothers were reduced to the extremity of exhaustion, with cold sweat, almost imperceptible pulse, and ardent thirst. They complained of constant pain in the belly, and the uterus was spasmodically contracted on the fœtus, but without regular pains. The genitals

were swollen, dry, hot, and painful. In one case the umbilical cord presented along with the arm, and was putrid.

It was impossible to make the usual examination, because the fingers could only be introduced as far as the axilla of the fœtus, but it was ascertained that there was no deformity of the pelvis. In both cases the right arm, with the shoulder, rested on the inferior edge of the arch of the pubes; the back of the hand turned upwards and outwards; the thumb towards the left hip of the mother. From these circumstances it was inferred that the face of the child was in the left iliac fossa, and the feet on the right side, the back being turned obliquely upwards and forwards. In one of the patients the urine was evacuated in the first place by means of a catheter; in both anti-spasmodics were prescribed, and frequent injections thrown into the vagina, consisting of a mixture of oil and infusion of camomile. These means were attended with little benefit, and the following operation was had recourse to. The women were placed across a bed, with the thighs raised; then the accoucheur introduced the hand, not without difficulty, and much pain to the mother, under the arm of the child, but it was impossible to get farther up than has been already mentioned. An effort was cautiously made to push back the trunk, so as to afford room to get at the feet, but without success; and every stage of the proceeding occasioned excruciating pain. It was then resolved to cut off the arm, which was done without difficulty by means of a probe-pointed bistoury. Twisting the limb accomplished its separation, which the cutting instrument had left incomplete. No pain was given to the mother in either case; and in both they expressed relief. It was then found practicable to push back the trunk, and to arrive at the feet, situated to the right; after which the delivery was easy.

Both mothers did well.—*Rust's Magazine.*

Organic changes produced by Insanity.—M. Esquirol, in a statistical report of the Asylum for Lunatics, at Charenton, recently published, states, that the disorganizations within the cranium had no relation either to the nature or violence of the insanity. Those in whom the delirium and other symptoms might have led to the expectation of finding extensive mischief in the brain, occasionally exhibited but very slight changes from the natural structure of the parts; while others who had but very little delirium and no bad symptoms, have had disorganizations of great extent and various character. In yet other cases (and M. Esquirol points out the fact as embarrassing to all theories as to the real nature of the disease) no change of any kind could be detected, either in the brain or its membrane. Nay, this absence of any appreciable disorganization, is sometimes met with in maniacs, who have had every variety of delirium, and died after having been insane for several years. A curious fact of a different nature, mentioned by M. Esquirol, is, that patients have in several instances died at Charenton from suffocation, owing to their food sticking in their gullet: two such cases are mentioned in the present report. He attributes the circumstance, not to stricture, but to paralysis; a complication which he has observed to be very frequent, especially among men.—*Annales d'Hygiène, &c.*

Hydro rachitis cured by Seton.—Authors are generally agreed in regarding hydro-rachitis as necessarily fatal. Dr. Ghidella has recently tried the same method as is adopted in hydrocele. An infant, three days old, had a congenital tumor, of the size of a small egg, on the site of the sixth cervical vertebra, painful to the touch, translucent, like a fresh egg,

and diminishing on pressure. The tumor did not increase in size when pressure was made on the fontanelle. A long needle, armed with a waxed thread, was passed near the base of the tumor, and the thread left, as in the application of a seton. Next day the parts were fomented with a decoction of the bark of the pomegranate in wine, by which a pretty brisk inflammation was excited; a poultice of bread and milk applied; and the seton continued for forty days. The second month the tumor was empty and shrunken, like a dried fig. Nutrition was re-established, and the little patient did well.—*Giornale de Chirurg. Pract.*

Premium awarded.—A premium of \$ 50 for the best Essay, addressed to the young men of the Colleges and professional Seminaries, dissuading them from the use of wine, spirits and tobacco, has been awarded to the Rev. Professor Hitchcock, of Amherst College. More than twenty dissertations were received.

The New York State Medical Society—offer \$ 50 as a premium for the best dissertation on each of the following subjects:—1st. The nature, causes, symptoms and treatment of Delirium Tremens, illustrated by cases. 2d. The causes of the large proportion of stillborn children in our large cities over those of London, with statistical tables. To be sent to Dr. Joel A. Wing,

Albany, before the 1st of December next.

Massachusetts General Hospital.

—Dr. George Hayward has accepted the appointment of Junior Surgeon to this hospital. The attending officers now are—

JOHN C. WARREN, M.D., *Senior Surgeon.*

GEORGE HAYWARD, M.D., *Junior Surgeon.*

JAMES JACKSON, M.D., *Physician.*

WALTER CHANNING, M. D., and

JOHN WARE, M.D., *Assistant Physicians.*

There are about sixty patients in the house, and the perfect neatness of all the apartments and passages renders it not only a very desirable residence for the sick, but a source of great gratification to those gentlemen and ladies who have visited the establishment.

Lecture on Anatomy.—The learned Professor of this Science in the Medical College, recently delivered a lecture, accompanied by demonstrations, to an audience composed principally of members of the Massachusetts Legislature. We were not present, but understand that the topics introduced were very judiciously selected, and the necessity of actual dissection for the attainment of such information as is essential to the Physician and Surgeon, amply and clearly illustrated.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MARCH 12.

Date.	Sex.	Age	Disease.	Date.	Sex.	Age.	Disease.
March 6.	F.	37 yrs	liver complaint		M.	41 yrs	intemperance
	M.	14 mo	lung fever		M.	3 d	spasms
	F.	3	do.	10.	F.	22 yrs	lung fever
	M.	50 yrs	bilious colic	11.	M.	26	dissipation
7.	M.	44	consumption		M.	11	convulsions
	M.	4	do.		M.	1 d	unknown
8.	M.	50	do.		M.	2 yrs	accidental
9.	M.	68	unknown	12.	F.	9	inflammation of lungs
	M.	30	do.		F.	41	consumption
	F.	27	do.		Males, 13,—Females, 6.		
					Total, 19.		

ADVERTISEMENTS.

NEW MEDICAL BOOKS.

JUST published, and for sale, by **CARTER & HENDEE**,—Malaria; an Essay on the Production and Propagation of this Poison. By **JOHN McCULLOCH**, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By **I. A. SAISSY**, M.D. Translated from the French, by **NATHAN R. SMITH**, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By **JAMES HAMILTON**, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

MEMORIA MEDICA.

THIS day published by **CARTER & HENDEE**, corner of Washington and School Streets, *Memoria Medica*,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the “*Memoria Medica*” which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., **W. CHANNING.**
Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by **J. D. FISHER**, M.D. This day published and for sale by **CARTER & HENDEE**, cor. of Washington and School sts. Price 62 1-2 cts.
Jan 26.

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I.

BIOGRAPHICAL SKETCH OF SIR HUMPHRY DAVY.

SIR HUMPHRY DAVY was born at Penzance, in Cornwall, on the 17th of December, 1778. Having received the rudiments of a classical education under Dr. Cardew, of Truro, he was placed with a respectable professional gentleman of the name of Tonkin, at Penzance, in order that he might acquire a knowledge of the profession of a surgeon and apothecary. His master, however, soon became dissatisfied with his new pupil: instead of attending to the duties of surgery, Humphry was wandering along the sea-shore, and often, like Demosthenes, declaiming against the wind and waves, in order to overcome a defect in his voice, which, although only slightly perceptible in his maturer age, was, when a boy, extremely discordant; instead of preparing medicines for the doctor's patients, he was experimenting in the garret, and, upon one occasion, he produced an explosion that put the doctor and all his phials in jeopardy. At length a negotiation between the parents and the master commenced, with a view of releasing the parties from their engagement; and we believe that Humphry returned home. It is, however, but fair to state, that he always entertained the highest respect for Mr. Tonkin, and never

spoke of him but in terms of affectionate regard.

We shall here pause in our narrative, for the purpose of introducing a few anecdotes, which will serve not only to illustrate the early character of Davy, but to exhibit, in their origin and growth, several of those prominent peculiarities which distinguished him in after-life. That he was a boy of decision and courage, may be inferred from the fact of his having, upon receiving a bite from a dog, taken his pocket-knife, and, without the least hesitation, cut out the part on the spot. The gentleman who related this anecdote observed, that he had frequently heard him declare his disbelief in the existence of pain, if the energies of the mind were directed to counteract it; but he added that he very shortly afterwards had an opportunity of witnessing a practical refutation of this doctrine, for, upon being bitten by a fish, Sir Humphry roared out most lustily!

A French vessel having been wrecked near the Land's End, the surgeon became acquainted with young Davy, and, in return for some kind offices, presented him with his case of surgical instruments. The contents were eagerly turned out and examined; not, however, with any professional view of their utility, but in order to ascertain how far they might be

convertible to philosophical purposes. The old-fashioned and clumsy clyster apparatus was viewed with exultation, and seized with avidity. What violent changes, what reverses, may not be suddenly effected by a simple accident! so says the moralist,—behold an illustration: in the brief space of an hour did this long-neglected and unobtrusive machine, emerging from its obscurity and insignificance, figure away in all the pomp and glory of a complicated piece of pneumatic apparatus. The most humble means may, undoubtedly, accomplish the highest objects,—the filament of a spider's web has been used to measure the motions of the stars; but that a worn-out clyster-pipe should have thus furnished the first philosopher of the age with the only means of inquiry within his reach, certainly affords a whimsical illustration of the maxim. Nor can we pass over these circumstances without observing how materially they must have influenced the subsequent success of Davy as an experimentalist. . . .

The next prominent occurrence in Davy's life, was his introduction to Mr. Davies Giddy, now Mr. Gilbert, the present distinguished and popular President of the Royal Society. The manner in which this happened furnishes an additional instance of the power of mere accident in altering our destinies. Mr. Gilbert's attention was, from some trivial cause, attracted to the young chemist, as he was carelessly lounging over the gate of his father's house. A person in the company of Mr. Gilbert observed, that the boy in question was young Davy, who was much attached to chemistry. "To chemistry?" said Mr. Gil-

bert; "if that be the case, I must have some conversation with him." Mr. Gilbert, who, as is well known, possesses a strong perception of character, soon discovered ample proofs of genius in the youth; and liberally offered him the use of his library, or any other assistance that he might require, for the pursuit of his studies.

Davy, at the age of nineteen, was engaged by Dr. Beddoes to superintend his Pneumatic Institution, at Bristol, and, two years after, was appointed lecturer on chemistry at the Royal Institution, on the recommendation of Count Rumford.

It would not be difficult to cite some personal anecdotes, in order to show what an alteration was suddenly effected in the habits and manners of Davy by his elevation. But where is the man of twenty-two years of age to be found, unless the temperature of his blood be below zero, who could remain uninfluenced at such a change? Look at Davy in the laboratory at Bristol, pursuing with eager industry various abstract points of research; mixing only with a few philosophers, sanguine like himself in the investigation of chemical phenomena, but whose worldly knowledge was bounded by the walls of the institution in which they were engaged. Shift the scene;—could the spells of an enchanter effect a more magical transformation? Behold him in the theatre of the Royal Institution! surrounded by an aristocracy of intellect, as well as of rank, by the flowers of genius, the *élite* of fashion, and the beauty of England,—whose very respirations were suspended in their eagerness to catch his novel and satisfactory elucidations of the mysteries of nature! We admit

that his vanity was excited by such extraordinary demonstrations of devotion ; that he lost that simplicity which constituted the charm of his character, and assumed the garb and airs of a man of fashion ; — is it wonderful if, under such circumstances, the robe should not always have fallen in graceful draperies ? But the charms of the ball-room did not allure him from the pursuits of the laboratory. He had a capacity for both, and his devotions to Terpsichore did not interfere with the rites of Minerva. So popular did he become, under the auspices of the Duchess of Gordon, and other leaders of fashion, that their *soirées* were considered incomplete without his presence ; and yet the crowds that repaired to the Institution in the morning were, day after day, gratified by newly-devised and instructive experiments, performed with the utmost address, and explained in language at once the most intelligible and most eloquent.

It is not our intention to give even a sketch of Davy's discoveries ; they are too well known to require it, nor would our limits admit of more than a mere catalogue ; suffice it to say, that from this time he became acknowledged as the first chemist of the age, and published a succession of most valuable papers, as well as several extended works.

Sir Humphry Davy was in every respect an accomplished scholar, and was well acquainted with foreign languages. He always retained a strong taste for literary pleasures ; and his philosophical works are written in a perspicuous and popular style, by which means he has contributed more to the diffusion of scientific knowledge than any other writer of his time.

His three principal works are, "Chemical and Philosophical Researches," "Elements of Chemical Philosophy," and "Elements of Agricultural Chemistry ;" and the two last are excellently adapted for elementary study. His numerous pamphlets and contributions to the Transactions of the Royal Society, have the same rare merit of conveying experimental knowledge in the most attractive form, and thus reducing abstract theory to the practice and purposes of life and society. The result of his investigations and experiments was not, therefore, pent up in the laboratory or lecture-room where they were made, but, by this valuable mode of communication, they have realized, what ought to be the highest aim of science, the improvement of the condition and comforts of every class of his fellow-creatures. Thus, beautiful theories were illustrated by inventions of immediate utility, as in the *safety-lamp* for mitigating the dangers to which miners are exposed in their labors, and the application of a newly-discovered principle in preserving the life of the adventurous mariner. Yet, splendid as were Sir Humphry's talents, and important as have been their application, he received the honors and homage of the scientific world with that becoming modesty which universally characterizes great genius.

Apart from the scientific value of Sir Humphry's labors and researches, they are pervaded by a tone and temper, and an enthusiastic love of nature, which are as admirably expressed as their influence is excellent. We trace no mixture of science and scepticism, and in vain shall we look for the spawn of infidel doctrine. The

same excellent feeling breathes throughout "*Salmonia, or Days of Fly-fishing*," a volume published in 1828, and one of the most delightful labors of leisure ever seen. Not a few of the most beautiful phenomena of nature are here lucidly explained; yet the pages have none of the varnish of philosophical unbelief, or finite reasoning. The work is arranged in a series of conversations, and we are told, in the preface, that "these pages formed the occupation of the author during several months of severe and dangerous illness, when he was wholly incapable of attending to more useful studies, or of following more serious pursuits." . . .

The great philosopher closed his mortal career at Geneva. He had arrived in that city only the day before, namely, the 29th of May, 1829, having performed his journey from Rome by easy stages, without feeling any particular inconvenience, and without any circumstances which denoted so near an approach to the payment of the last debt of nature. During the night, however, he was attacked with apoplexy; and he expired at three o'clock on the morning of the 30th.—Sir Humphry had been for some time a resident at Rome, where he had had a serious and alarming attack of a paralytic nature, but from which he was apparently, though slowly, recovering; although his most sanguine friends hardly ventured to hope that his valuable life would be much longer preserved.—*Lond. Med. Gaz.*

II.

NEW REMEDY FOR LEUCORRHOEA.

Mr. Jewel concludes his very interesting observations, made at a late

meeting of the Westminster Medical Society, on the use of the *Nitrate of Silver* in uterine discharges, by a few practical remarks,—which, with the subsequent discussion, we give below.

I now come to the most important part of the treatment—the application of the nitrate of silver. After extensive trials and observation, I can say that its effects are as conspicuous in leucorrhœal complaints as in any of the various local diseases in which it has hitherto been employed. I would allude particularly to the different mucous tissues, such as those of the fauces and larynx. The mode I have adopted in its application, has been to conceal it in a silver tube, on the same principle as it is employed in cases of stricture in the male, except that the tube should be adapted to the size of the caustic. I have also frequently used it in the form of solution, as an injection, in the proportion at first of three grains to the ounce, gradually increasing its strength. There is another method of applying it: a bit of sponge neatly fastened on to a piece of whalebone, may be dipped in the solution, and introduced frequently into the vagina; but I consider the most efficient mode to be that of applying it through the speculum. This, however, can only be accomplished in the absence of tenderness and excoriations: indeed there are many females who will not submit to the introduction of the dilator or speculum. I have now employed this remedy in a great variety of cases, and in almost every instance with success. It is satisfactory to observe that its application in either form gives no more pain

than that commonly produced by the use of astringents. Whether the practice, which is a novel one in this country, may prove so successful in other hands as it has in mine, time and experience will determine. It must be admitted that, under ordinary circumstances, such cases sometimes prove exceedingly obstinate, too frequently leading to irreparable injury of the constitution, or to permanent and fatal organic changes.

Dr. Thomson having made a few remarks upon the location of the disease—

The Chairman called upon the author of the paper to describe any case in which he had employed the nitrate of silver with success.

Mr. Jewel then alluded to the case of a woman who had labored under excessive leucorrhœal discharge, with severe local pains, upwards of three years. She had been under the care of several practitioners, most of whom had pronounced the disease to be one of scirrhus. The nitrate of silver was applied eight different times to the cervix uteri, which, together with some other means usually adopted, completely cured the patient. A case of gonorrhœa in the female was also mentioned, in which an injection, in the proportion of three grains to the ounce of water, effectually cured the patient in three days.

Dr. Copland observed on the necessity of deciding on the pathology of leucorrhœa, as the use of astringent injections sometimes did considerable mischief, when the complaint arose from inflammation. He alluded also to ascariæ as being occasionally an exciting cause of the disease.

The best mode of getting rid of these he stated to be by an injection of assafoetida and camphor.

Dr. Granville being in the chair, thought if he gave his opinions they might be considered an intrusion; but he would offer a few remarks with the leave of the Society. He would go even farther than Cullen had done as to the seat of the disease, for he believed sometimes the discharge came from the lining of the Fallopian tubes. In post-mortem examinations he had removed flakes of the morbid secretion from the os uteri. The cervix was a very sensible part, and he thought that the practice adopted by Mr. Jewel would frequently be of service. He had applied leeches to the cervix uteri, through the speculum of Recamier; and although the operation was a tedious one to the practitioner, it gave great relief to the patient.

III.

SMALLPOX, VARIOLOID AND VACCINATION.

Dr. John Bell, in a very able and interesting dissertation on the value of vaccination as a preventive of smallpox, arrives at the following conclusions. Being the result of very extensive experience and much personal observation on the subject, they are the better entitled to our confidence.

1. Smallpox proves fatal to one in about five cases, when contracted naturally.

2. The eruptive diseases known under the names of sheeppox, swinepox, waterpox, windpox, hornpox, &c., are all varieties

of smallpox, produced by atmospheric influence, constitutional peculiarities, or some other unknown causes.

3. Varicella, or chickenpox, formerly regarded as a variety of smallpox, but since the year 1767 considered a distinct disease, must be again restored to its former situation, and classed with the varieties just mentioned.

4. Smallpox is modified in three several ways: 1st, by a previous occurrence of the same disease; 2d, by inoculation; and, 3d, by vaccination.

5. Though it is difficult to form even a tolerably accurate estimate of the degree of protection which the first of these cases offers, from the want of sufficiently extensive data, yet it is evident from those which we have, that though cases of this kind are more rare, they have proved more fatal than those succeeding inoculation.

6. Smallpox, communicated by inoculation under favorable circumstances and in a proper manner, does not prove fatal in more than one in three hundred cases, though its former mortality was much greater.

7. Inoculation should be discouraged in every manner possible, since its performance serves to keep up and diffuse the smallpox amongst those who, from ignorance or negligence, possess no protection against it.

8. Vaccination furnishes, in a great proportion of cases, a complete and perfect immunity against the attacks of smallpox.

9. It modifies the access of smallpox in a slight degree, usually rendering the febrile stage somewhat milder, although the stomach and respiratory organs

are often more strongly affected than in its ordinary course.

10. It possesses a controlling power over the progress of inflammation in the eruption, shortens its course in the majority of cases, prevents its reaching the pustular stage, and, in almost every instance, obviates the occurrence of secondary fever.

11. The varioloid disease, or smallpox after vaccination, does not endanger life; there being no case on record in which it has proved fatal, after the system has been thoroughly subjected to the influence of the cowpox.

12. That reason and probability are highly in favor of the truth of Dr. Jenner's opinion, that the security which vaccination offers is in a direct proportion to the degree of perfection of the vaccine virus; and that in consequence, it is advisable to re-vaccinate as long as any effect is produced.

13. The vaccine virus, which has now been employed upwards of twenty years, in every civilized part of the globe, has suffered no deterioration; and it now confers all the security against the smallpox which it ever has done.

14. There are no grounds for believing that time weakens, in any degree, the protection which an individual receives from having been once properly vaccinated.

15. It cannot be considered otherwise than the duty, not only of all medical men, but of the public authorities and all interested in the public health, to encourage, as far as is practicable, the practice of vaccination.

IV.

MEANS OF RESISTING FIRE.

THE evening assemblies for the season began last week with Mr.

Faraday's account of Chevalier Aldini's apparatus for the protection of firemen and others who are exposed to flame. Previous to his entering upon the subject, Mr. Faraday briefly recalled the attention of the members to the past season, and claimed their assistance for the present. It gives us pleasure to mention, that on this, the opening night, we saw no appearance of any want of zeal in the cause: several noblemen and distinguished gentlemen were present.

After stating generally that Chevalier Aldini had for a long time been engaged in contriving and perfecting such defensive clothing for firemen and others as should enable them to penetrate and pass through flame, Mr. Faraday pointed to a few of these suits, composed of asbestos and wire gauze, which lay on the table. He then, as briefly as possible, touched upon the nature of flame, and the effect of wire gauze; explaining the principles concerned, in so far as they bore on the present application. Wire gauze, it was observed, quenches flame, by abstracting heat, itself acquiring a high temperature. Pointing out this circumstance by experiment, he referred to the second part of the Chevalier's clothing, which consists of asbestos, and prevents the heat passing to the body. Two magnificent specimens of asbestos cloth, many feet square, were before the meeting. The difficulty with which this substance conducts heat was very clearly explained by the lecturer, and contrasted experimentally with the good conducting powers of metal and wire gauze. Further proof was then given by Mr. Faraday, who,

having put on an asbestos glove, grasped an ignited and glowing bar of iron: he also carried on the palm of his hand a thick mass of the same metal, at a bright red heat, from one side of the room to the other, as if it were in its usual and harmless state.

After many further illustrations, the strongest proof to which Chevalier Aldini's system could be put in a room, was given in the following manner:—An Italian fireman, who is practised in the use of the apparatus, put on an asbestos cap-mask, in which were holes for the mouth and eyes guarded by wire gauze, a cuirass and casque of wire gauze, and, with a shield of the same material on his right arm, he faced a flame produced from oil gas, obtained by opening the orifice of a condensed oil-gas vessel, between two and three feet long: the flame was very bright and dense, and issued with terrific force from the vessel: in this posture he held his head and the upper part of his body, until the lecturer and the audience, becoming anxious for him, shut off the gas. Numerous considerations were then entered into respecting the intense heat of flame, the currents necessarily existing with it, the moral possibility of breathing the air from the middle of a clear, undulating flame of steam, &c., and an account of still stranger trials with the apparatus, which had been made in Geneva, Paris, Florence, and elsewhere, and which are to be given in London. The Chevalier Aldini was present; he is the nephew of Galvani, very aged, but, stimulated by his desire to make known to the world what he thinks will be of great utility,

he has left his home to traverse Europe, and demonstrate the powers of his apparatus. The observations of Mr. Faraday were received with repeated marks of approbation; the feat performed by the Chevalier's attendant was in like manner loudly cheered.—*London Literary Gazette.*

V.

EXTIRPATION OF THE UTERUS PRACTISED A SECOND TIME, BY M. RECAMIER.

SINCE the first operation of extirpation of the uterus, performed by M. Recamier, it has been twice put in practice at La Charité, by M. Roux,—unfortunately both patients died. Nevertheless, Recamier, nothing daunted, has just performed this formidable operation a second time.

A lady, aged 35 or 36, was attended by M. Broussais for a chronic affection of the uterus, characterised by considerable swelling of the lips of the os tincæ. The posterior edge of this was already deeply ulcerated, and the mischief extending downwards towards the vagina, and upwards into the uterus. Under these circumstances, despairing of success by the ordinary means, M. Broussais called in M. Recamier, who gave it as his opinion, that extirpation was the only means left to be tried. Various consultations were held, at which MM. Marjolin and Desormeaux assisted, and these ended in a resolution to perform the operation, which was accordingly done by M. Recamier on the 13th of January, in the following manner:

The patient was placed upon an elevated bed, in the posture

adopted in lithotomy, M. Lisfranc on one side, M. Sanson on the other; MM. Amussat and Broussais holding apart the lips of the vulva, while M. Recamier, stationed in front of the patient, introduced the index finger of the left hand into the vagina, as far as the neck of the uterus, and then taking one of the pincers, he placed it transversely on the anterior lip of the os uteri, and gave it to an assistant to hold, while he introduced another in a similar manner in the antero-posterior diameter of the same part. He then took both pincers himself, approximated them, and gently drew the neck of the uterus towards the external opening. At this moment one of the pincers slipped. It was reapplied higher up and more firmly than before. M. Recamier then gave both instruments to an assistant to hold, desiring him to keep them directed downwards, that they might not interfere with his manipulations. The next step consisted in pushing up the fundus of the bladder and corresponding part of the vagina, while with a small bistoury, having a convex blade, he gently divided the texture of the vagina at the bottom of the sinus formed by the union of this canal with the anterior lip of the os tincæ: he enlarged his incision laterally, to the extent of about an inch and a half. The operator now laid aside the cutting instrument, and with the nail and forefinger of the left hand, he separated the dense cellular tissue which unites the lower part of the bladder with the anterior part of the neck of the uterus, and in the same manner tore away the peritoneum, which forms the bottom of the vesico-uterine depres-

sion; the finger immediately passed into the peritoneal cavity, and was carried, first to the left of the uterus along the upper edge of the broad ligament, and then to the right, in the same manner. At these two times M. Recamier, by means of a bistoury (concave on the cutting edge, and guarded by a sheath), divided a small part of the upper border of each broad ligament, to the extent of about six lines. Then a needle, armed with a double-waxed thread, was successively carried up to the same ligaments, and passed through their bases from behind forwards; one of the ends of the thread was carried forwards, the needle being afterwards removed by a movement the reverse of that employed for its introduction.

In this way each broad ligament was included in the noose of the thread, except at the upper edge, which had been cut, that the peritoneum might not be pinched in the ligatures. A knot was run upon the thread, and firmly tied, so as to exert pressure on the uterine arteries, sufficient to interrupt the circulation through them. These precautions having been adopted, the uterus was instantly seized with the fingers at its base, and held from behind forwards, the broad ligaments cut within the ligatures, the uterus separated from the vagina and rectum, and the operation completed.

During the incision of the broad ligament on the right side, the cutting instrument was carried too close to the ligature, so as to divide it, and cause the knot to slip. M. Recamier immediately said that he would make pressure, which accordingly he did with success. In the former operation,

the epiploon alone presented itself at the wound, but on the present occasion, in addition to this, several folds of the small intestine were seen. These were retained by M. Amussat, whilst the operation was being completed. The section of the broad ligament was made a little beyond the ovary and fallopian tube, so that these parts were removed with the uterus, a circumstance which did not occur in the former case.

The patient had hemorrhage in the course of the day, which was arrested by plugging; notwithstanding this, however, blood flowed from time to time till next day, when she died in consequence.

Nothing can be more injudicious than an ill-timed compliment. The narrator of this case, immediately after informing that the cutting instrument was carried too close to the ligature, so as to divide it, and that the patient bled to death in consequence, adds, "Il est superflu de mentionner la *sûreté*, l'adresse, et le rare mérite, que M. Recamier deploya dans l'exécution de cette opération." We are far from calling the surgical skill of M. Recamier in question, but a better opportunity might have been taken of dwelling upon it.—*Jour. Hebdomadaire*.

VI.

MALIGNANT PUERPERAL FEVER.

From Professor Hamilton's Outlines of Midwifery.

THIS disease, which has attracted much attention within these few years, commonly appears within from twenty-four hours to the third or fourth day after delivery, beginning with shivering,

sometimes preceded by vomiting of bilious matter, followed by more or less pain of the belly; uneasiness of the forehead over the eyebrows; frequency of pulse, and marked anxiety of countenance. Soon after these symptoms, the belly becomes swelled, and intolerant of pressure, and is accompanied with an affection of the breathing, as if the patient were afraid of taking in a full inspiration.

Along with these symptoms there is insomnolency, with a somewhat flushed face and sunk eyes. The skin, in some cases, is of the ordinary temperature: more often it is hot and dry: very rarely it is covered with partial clammy sweat. There is commonly thirst; but the patient is so dejected, and unwilling to be disturbed, that she seldom asks for drink. The cleansings continue to flow as usual, and sometimes an imperfect secretion of milk begins.

Within a few hours from the attack, spontaneous diarrhœa comes on, followed by relief of the symptoms, and especially by subsidence of the swelling of the belly, and a corresponding favorable change in the state of the breathing. But generally a relapse soon takes place; for the pain of the belly returns, sometimes preceded by shivering, and always followed by tumefaction and uneasiness of breathing. The pain occurs in various degrees of severity, and in some cases shifts from the belly to the chest, and is then accompanied with harassing cough. The frequency of the pulse increases as the disease continues. At first, it varies from 100 to 110: in the second and third days, that is, after the

relapse, it is from 120 to 130: after which it can scarcely be counted. The exhaustion of strength proceeds with great rapidity; so that, in the majority of cases, the patient sinks on the fourth or fifth or sixth day after the attack; vomiting of coffee-colored fluid (sometimes in large quantities) preceding, for a few hours, the fatal event.

Puerperal fever may be distinguished by the progress of the symptoms. It differs from peritonitis and inflammation of the uterus by the lochial discharge continuing to flow; and also by the particular condition of the abdominal tumor, by the appearance of the countenance, and by the state of the breathing. It is a most dangerous disease, especially when it occurs in hospitals, in which it sometimes appears as an epidemic. Happily it is of rare occurrence among the better ranks of society.

The exciting cause of puerperal fever seems to be a peculiar miasm; and from many facts which have been communicated to the author, on the best authority, and from many which have fallen under his own observation, he has no doubt that the disease is infectious in particular conditions of the atmosphere.

There is scarcely an acute disease for which a greater variety of alleged infallible remedies has been published, and yet every candid practitioner must admit the distressing mortality of the disease. Perhaps, in many instances, those who have blazoned forth their success in the treatment of puerperal fever, have deceived themselves by mistaking the disease. It is impossible, on any other supposition, to account

for such opposite remedies as ipecacuan emetics,—preparations of valerian,—the carbonate of potass,—the rectified oil of turpentine,—calomel purges, with mercurial frictions,—and the abstraction of large quantities of blood, with fomentations of the belly,—

these being severally asserted certain cures for this alarming malady.

According to the author's experience, the disease ought to be treated as fever produced by extensive and peculiar inflammation, accompanied with extreme debility of the system.

BOSTON, TUESDAY, APRIL 6, 1830.

PRIVATE INSANE HOSPITAL.

WE understand that Dr. Cutter, of Pepperell, has made suitable arrangements for the accommodation of insane persons, and that his Hospital is now open for their reception. It has long been desirable that some appropriate place should be provided for incurables, since patients of this description are not received at the M'Lean Asylum, and yet require to be taken care of and provided for, in a manner which it is not convenient, and frequently very unsafe, to do in private families. It must therefore be a relief to the friends of such unfortunate persons, to know that a suitable place is at length provided for their accommodation and safe keeping.

It is however not the intention of Dr. Cutter to appropriate his buildings exclusively to that class of patients denominated *incurables*;—he will receive such, and provide for them in a suitable manner; but the primary object of his Institution is the relief and cure of insane persons, by a judicious course of medical treatment, where there is a possibility of so doing: and for this purpose his establishment affords every faci-

lity. He is himself its Superintendent, as well as Physician, and his place has the appearance and order of a regular hospital, as in fact it is.

Dr. Cutter's terms, we understand, are from \$2 1-2 to \$8 per week, including room, board, washing, medicine and medical advice.—He has every accommodation for exercising his patients on horseback and in vehicles constructed expressly for this purpose, at the bowling alley, &c. &c.; and the use of all these means is, as we learn, without expense to the patients, except in cases where such exercise forms a prominent part of the remedial course;—in such cases, his custom is to make some extra, although quite inconsiderable charge.

MODUS OPERANDI OF POISONS.

WE have already taken occasion to lay before our readers some new views advanced on this subject by Messrs. Morgan and Addison, of Guy's Hospital. Our opinion with regard to them was at that time derived from such extracts from the work of these gentlemen as were to be found in the periodicals. We have, however, within a few days, had an opportunity of perusing the

work itself, and are enabled to speak of its contents with more confidence. The main proposition which it is the object of the work to establish, is the following ; that in all cases of poisons acting fatally on the system, whether the poisonous substance has been introduced into the stomach, or the blood, applied to the surface of a wound, or an unbroken mucous membrane, the effect is always conveyed to the brain through the medium of a nervous apparatus, perfectly distinct from that which serves for sensation and motion. If it were sufficient to establish the truth of this proposition that there is no other, equally general and conclusive in its character, which is free from difficulty, we should certainly admit it without hesitation. But as this cannot be held to be a just inference, and the hypothesis in question rests on no direct evidence derived from anatomical investigation, it must for the present be considered extremely doubtful. We cannot forbear remarking, in this connection, on the extreme difficulty of obtaining positive results, on subjects of this nature, from experiments on animals. We should feel safe in hazarding the assertion, that not one in ten of all these experiments has contributed anything to our stock of positive and useful knowledge in the science of physiology. Whether the advantage gained by mankind from the one tenth, be worth the torture inflicted on the inferior animals by the other nine, is a point not so easily determined. Nothing certainly could be more ingenious, or apparently more conclusive, than the experiments of

Magendie and Brodie in regard to this point of the absorption of poisons ; yet, according to our authors, neither of these afford absolute demonstration, and therefore the subject is virtually left by them just where it was taken up. After all, we apprehend that we shall scarcely arrive at the truth in this matter, till some ardent amateur of science is willing to investigate it *à la Chabert*, and try a few experiments—on himself.

VACCINATION IN FRANCE.

It appears that, among other measures adopted by the French government to encourage the spread of vaccination, a considerable sum is annually appropriated to be distributed in prizes among those vaccinators who have displayed the greatest zeal in its propagation. A committee is regularly appointed by the Academie Royale de Médecine, to report the names of those who have thus distinguished themselves ; which report is duly forwarded to the minister of the interior. Of that of the 8th of Dec. last, drawn up by M. Emery, and embracing many interesting facts with regard to the state of vaccination in that country, we offer a brief sketch to our readers.

The report commences by stating that, in many parts of the country, great prejudices still existed to oppose its introduction, and that these prejudices had been confirmed since the appearance of varioloid epidemics. A great obstacle to its propagation was found in the inactivity of the local authorities, and the coldness with which it was regarded by

the ecclesiastics in certain provinces. Fifty-five communes of one department have rejected the benefits of vaccination. At Metz, the Mayor himself refused to allow his children to be vaccinated. In other departments, on the contrary, the executive authority and the clergy have seconded, by all the means in their power, the efforts of the physicians.

The committee, although sensible that the efficacy of vaccination is a truth too well established to need confirmation, yet judge it proper to declare that, in many instances, variolous epidemics, already commenced, have been arrested in their progress by the immediate and general propagation of the vaccine virus.

A considerable portion of the report is devoted to the consideration of the varioloid disease, as intermediate between variola and vaccinia. In an experiment made by a M. Guillon, five hundred persons were inoculated with the varioloid virus, for want of the vaccine. In none of these did any eruption appear, except at the points of the punctures, and those which did show themselves had all the characters of vaccinia. Other physicians, however, have repeated the experiments of M. Guillon, and have seen genuine variola produced. Some vaccinators conceived the notion of diluting the virus of variola and varioloid by adding milk to them, and have employed them in this state. From this singular experiment resulted, in thirteen cases, an eruption which exactly followed the course of the vaccine vesicle. In five individuals there appeared, besides, some ano-

malous eruptions, which could neither be classed as variola nor varioloid.

The reporter introduces the question, whether the vaccine virus becomes enfeebled by a series of transmissions, and whether it is necessary to recur to the source in order to renew it. The affirmative answer to this question is said to be maintained elsewhere, but to have very few partisans in France. If, however, actual *cowpox* were wanted, it would not be necessary to seek it in Scotland, since it may be found in several of the districts of France itself.

The committee does not coincide with an opinion which has been advanced by some persons, that it is necessary to multiply the punctures greatly, and to avoid emptying the vesicles in their progress, in order to give the operation its full effect. Indeed it would be dangerous to give any popularity to this last opinion; as it would soon cause a dearth of vaccine matter, by inducing parents to refuse to permit the virus to be taken from their children, in order to give the disease to others.

Some new examples of variola or varioloid, in persons who had been vaccinated, have been presented to the committee; but these facts prove nothing against the efficacy of vaccination, since the same thing has occurred to those who had previously had smallpox. It also appears that variola or varioloid, occurring in those previously vaccinated, always presents a character of singular mildness.

REACTION AFTER BLOODLETTING.

FROM researches into the immediate and remote effects of bloodletting,

Dr. Marshall Hall has arrived at the conclusion, that most of the symptoms usually attributed to reaction, are a necessary and immediate consequence of the depletion itself when carried to a great extent, and especially when frequently repeated. Such are a frequent and forcible pulse, beating in the temples, throbbing pain in the head, intolerance of light and sound, and delirium. These constitute what are by him denominated *reaction with exhaustion*, and are to be most carefully distinguished from the evidences of that state, in which a return of the morbid symptoms for which the bleeding was prescribed, renders a repetition of the measure necessary. In making this distinction, the practitioner is exceedingly apt to be misled; for the effects enumerated are calculated to suggest the idea of increased energy in the system, and of augmented action in particular organs; and may thus lead to the adoption of the very measure which, while it affords a temporary and deceitful relief, will be certain, eventually, to increase the evil.—The same error, in the view of Dr. H., may be easily fallen into even at a later period, when the state alluded to has been succeeded by one of exhaustion with sinking, or a progressive failure of the vital powers; for the symptoms of this condition of the system often resemble so accurately a state of congestion in the lungs or fulness of the brain, as to prompt the unwary practitioner to use the lancet—a measure which may prove suddenly and unexpectedly fatal.

In the case of excessive reaction,

the remedies recommended by Dr. H. are extreme quiet of body and mind, the use of the mildest sedatives and the mildest nutrients, and lastly and above all, time. It may be necessary, perhaps, to subdue the throbbing action in the head by local bloodletting; and it is very remarkable how small a quantity taken will afford relief;—two or three leeches are frequently quite sufficient,—and this seems to benefit the patient more by producing a determination of the blood to the external vessels, than by diminishing the amount of that fluid in the circulation of the part.

A HUNDRED AND SIXTY GRAINS OF CAMPHOR TAKEN AT ONE DOSE.

A MAN, aged 74, residing at Breslau, having taken by mistake four ounces of camphorated spirits, which had been ordered as a liniment, soon became affected with the following symptoms:—burning heat of skin, frequent, full and hard pulse, brilliancy of the eyes, redness of the face, heaviness of the head, anxiety, agitation, violent sense of heat in the stomach—then intense headach, giddiness, indistinctness of sight, and ocular hallucinations. The patient only complained of the heat, which he said was intolerable. The camphorated spirits of the Prussian Pharmacopœia contains 40 grains to the ounce, so that he had taken 160 grains at once. Some spoonfuls of almond emulsion were given him at first, and the heat of stomach diminished after a few hours, but the other symptoms continued. Two spoonfuls of a mixture, consisting of equal parts of vinegar and thick mucilage. He was calmer during the night—his head was clearer, and the anxiety diminished; copious sweating came on, followed by sleep, after which he became much better. The pulse, however, continued full and

frequent, and the voiding of the urine difficult. A light infusion of digitalis, with acetate of potass, was now given, and under this treatment the patient recovered in a few days.--*R. M.*

Imperforate Uterus.—An interesting case of this nature was lately read before the Royal Academy of Medicine, Paris, by M. Hervez de Chégoin. The uterus was completely imperforate, with entire absence of the neck. The menses had been retained for seventeen years, and latterly this circumstance had given rise to dreadful sufferings. The vagina, four inches in length, ended abruptly, and the uterus could be felt at some distance above its termination. A trochar was plunged, from the upper part of the vagina, through the parietes of the womb, and a gum-elastic tube introduced. The patient did well.—*Jour. Hebd.*

Transfusion of Blood.—This operation has been lately performed with perfect success in England, in a case of exhaustion from loss of blood during parturition. The hemorrhage was occasioned by the attachment of the placenta to the os uteri. About four ounces of blood were taken from the arm of the lady's husband, and transfused into the veins of the exhausted patient with decided benefit. The instrument used was Read's apparatus, and perfect recovery followed.

Jaundice produced by a Moral Cause.—A young man, aged 25,

was passing along the street, when something fell at his feet; it was a person who had fallen from the second floor of a house. This made such an impression on the patient that he had nearly fainted, and soon a jaundiced appearance became manifest in the sclerotic coat, which successively spread to other parts of the body. Nevertheless, none of the functions were disturbed; the right hypochondrium remained soft and without pain. The jaundice gradually disappeared under the use of gentle remedies.—*La Lancette.*

Medical Graduates at Philadelphia.—At the recent Commencement at the University of Pennsylvania, one hundred and twenty-five gentlemen received the degree of Doctor in Medicine.

Comprehensive Professorship.—Edward Cutoush, M.D., of Washington City, late senior Surgeon in the U. S. Navy, has been appointed Professor of Chemistry, Mineralogy, Agriculture, and the Mechanic Arts, in the College at Geneva.

Daniel Drake, M.D., of Cincinnati, Ohio, the able and indefatigable Editor of the Western Journal of the Medical and Physical Sciences, has been elected to the Professorship of the Theory and Practice of Medicine in the Jefferson Medical College at Philadelphia.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MARCH 20.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
March 11	M.	3 yrs	dropsy on the brain	17.	M.	53 yrs	unknown
12.	F.	3 1-2	croup		F.	3	lung fever
	F.	43	unknown		F.	2	croup
14.	M.	19	hemorrhage of bowels		M.	13	consumption
	F.	1 mo	unknown	18.	M.	75	old age
	M.	62 yrs	asthma		F.	3 mo	cholera infantum
	F.	26	intemperance		F.	34 yrs	consumption
	M.	2 1-2	measles	19.	M.	3 d	unknown
16.	M.	9 mo	lung fever		F.	12 mo	lung fever
	M.	33 yrs	drowned		M.	43 yrs	do.
	F.	50	delirium	20.	F.	8	unknown

Males, 9,—Females, 13. Stillborn, 1. Total, 23.

ADVERTISEMENTS.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

MEMORIA MEDICA.

THIS day published by CARTER & HENDEE, corner of Washington and School Streets, *Memoria Medica*,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "*Memoria Medica*" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-

place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.
Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by J. D. Fisher, M.D. This day published and for sale by CARTER & HENDEE, cor. of Washington and School sts. Price 62 1-2 cts.

Jan 26.

I.

ON COLD AS A REMEDIAL AGENT.

A Lecture at the Royal Western Hospital.

By JOHN EPPS, M.D.

SIMPLICITY of means, and judgment for their application, seem to be the two essentials to a *scientific* practice of the healing art. By simplicity of means is not meant fewness of remedies, but a clear and proper knowledge of the principles of their uses. The man who talks of curing all diseases by a few remedies, is but a novice in the practice of physic. This is the simplification of the study, not that of the bedside. Every successful and variously employed practitioner knows the necessity of modifying one medicine by the aid of another, and even of several. Disease is not exhibited by a single symptom, but by a complication of symptoms; all of which require to be taken into consideration, and to be met by remedial means. Such being the case, it follows that simplicity of means can refer only to the clearness with which the mind views a morbid state, in reference to the matter suited for its relief. Taking this as the view, it may be justly maintained, that many of the most common gifts of the Creator may be most efficacious remedies, and may act as beneficially as the most rare

and valuable natural productions.

The person to whom we are most indebted for the use of COLD as a remedial application, is the late Dr. Currie, of Liverpool, a philosopher whose attention was directed to the subject while studying at Edinburgh, having to prepare an essay on the influence of cold drinks, for a society of which he was a member.

There are different methods under which cold is used as a remedial means. These are cold clothing, cold air, and cold water; these may be applied differently, or modified in different ways. Thus the cold clothing may be of different kinds,—cold flannel, cold linen, cold cotton. The cold air may be breathed into the lungs only, or applied to a part or to the whole of the external surface of the body; the cold water also may be taken internally or applied externally. The extent and the mode of the application may vary,—thus, the water may be applied slowly and partially—slowly and universally—suddenly and partially—suddenly and generally.

In no case is the benefit of cold clothing more commonly experienced, than in the relief of that restlessness which afflicts many individuals in bed so that they cannot sleep. Dr. Franklin recommends, in such a condition of things, to throw off the bed-clothes, walk

about the room, and again get into bed. The clothing is cooled, the body is cooled, and a refreshing sleep is the general consequence.

It is in fever, however, that the efficacy of cold clothing is more peculiarly apparent, in the benefit arising from the frequent change of linen and of bed-clothes; a practice of the utmost importance in a remedial point of view, and so grateful, that whenever an opportunity occurs, and as frequently as is consistent with the debility of the patient, the linen should be changed. Cold linen, blankets being commonly used in addition, is preferable; though cotton is best for clothing in our climate.

This method of applying cold may be called "*vestatio frigida*."

With regard to the application of *cold air*, the method to be adopted is to strip the individual, and allow him to be exposed to the air in the room, or to a current of atmosphere in some open place,—to sit still,—to walk quietly or slowly, as circumstances may dictate. This mode of applying cold has been beneficially employed in some cases of fever. Professor Home cured himself of a febrile affection by this means. The application of cold air may, in cases of fever, be continued as long as grateful; if chilliness come on, the exposure is to cease.

There is one remedial application of cold air highly important, and first noticed by that celebrated surgeon Mr. Pearson, and to which I can add my testimony; it is the benefit of cold air in cases of severe salivation from the use of mercury. I have seen it act almost as a charm.

This medicinal means may be called the "*aërated frigida*," and is now used in smallpox, a disease

in which its use was most violently opposed.

Cold water, however, is the most important method of employing cold as a remedy in disease.

As a general tonic, taken internally, it is one of our best remedies. A glass of cold water taken every morning in small quantities, is very useful in those cases of weak stomach, where languor, a general inactivity and unwillingness to do anything without the stimulus of breakfast, exist.

Soda-water is equally efficacious in relieving the cough connected with irritation and heat at the *velum pendulum palati*, at the upper part of the pharynx, and of the epiglottis; an individual having it in his power, when cough depends on such a cause, to avoid coughing almost entirely by constantly sipping cold water.

It acts as a diuretic, and is hence used in dropsy; the mechanical notion that, as water exists, in dropsical cases, in excess, no more should be added, being expelled by the improved knowledge of physiology, and by the circumstance that thirst exists in dropsical diseases. The benefit is evidenced by the fact that the water passes to the kidneys, brings these organs into increased action, and thus favors the removal of the effused fluid constituting the dropsy.

Cold water is an excellent sudorific, generally exciting an action on the skin, when taken in *small* but *frequent* doses. Inducing perspiration, it has been introduced as a remedy in fever; and, as thus employed, its praises have been stated by Hippocrates, Galen, and Celsus. Dr. Hancock calls it the "*febrifugum magnum*." In Spain and Italy, cold water was much employed in fever, forming that

part of medical treatment called *diæta aquea*.

The great Boerhaave, biased by his preconceived opinion, that fever depends on a lentor of the blood, opposed the use of this remedy, preferring warm liquids instead. Van Swieten, his commentator, represents cold water as injurious in most cases of fever. Such, gentlemen, is the influence, the blinding influence, of preconceived opinions. It is one of those seven bandages that every man, according to Owen of New Lanark, has over his eyes.

Dr. Franklin, however, showed the benefit of cold water in fever, by having cured himself of fever by the use of it: he gives an account of the same in his writings.

Dr. Currie has done most for the restoration of this useful remedy to its place, and, it may be added, to its *proper* place, among remedial agents.

Not only have hypotheses, but also the well-established injurious consequences of cold water in certain cases, tended to impede the use of this, remedially. But the triteness of the saying does not diminish from its force,—“abuse is not use.” It therefore becomes necessary to discriminate between the circumstances when cold water is useful and when injurious. The following practical rules were laid down by Dr. Currie:—that cold water should not be used in the cold stage of the paroxysm of intermittent fever, since the pulse, by cold drinks, is rendered more frequent, and the coldness is increased;—that it may be used in the hot stage, when that stage is fairly formed, the pulse being thereby lowered, and the heat diminished,—the freedom in the use of the

cold water being guided by the ratio in which the heat is advanced beyond the natural standard. According to Alpicius, the disease is frequently put a stop to by the liberal use of cold water. Dr. Currie further maintains, that it may be used in moderation in the *beginning* of the sweating stage, but not after the perspiration has become copious and profuse. Indeed, the general principle for our guide is this: when there is no sense of chilliness present, when the heat of the surface is *steadily* above what is natural, and when there is no general or profuse perspiration, it is proper.

This principle being understood, it will readily be seen that cold drinks may be used more abundantly in continued fever than in the hot stage of intermittents; and the doubt of the ancients regarding the propriety of the use of cold water in intermittents may be readily understood, when it is taken for granted that they did not know the peculiar circumstances to be attended to in the use of this agent.

This application of cold may be called “*potatio frigida*.”

The most important and the most extensively employed form under which water is remedially used, is the application of cold water *externally*. The methods by which this application is made are two,—*slowly* and *suddenly*; the former being called the “*lavatio frigida*,” the latter the “*affusio frigida*.”

The “*lavatio frigida*” consists in the sponging the body with cold water or with vinegar and water, as circumstances may dictate. Here the application of the water is gradual, and is attended with the most beneficial effects in

many cases of fever. Often, in persons laboring under chronic diseases from some cause or other, the bowels become irregular; febrile symptoms come on; the head, face and hands are very hot, and the unpleasant irritation therewith connected becomes a source of great distress to the patient. This may be almost wholly relieved by the sponging *constantly* the parts most affected by heat with cold vinegar and water, or, which I have found still more beneficial, with a solution of muriate of ammonia in water.

In typhous fever, I have seen this plan attended with the greatest success. Dr. Gregory, of Edinburgh, was a warm advocate of the "*lavatio frigida*" in this fever, finding that even when petechial spots occurred, these formed no obstacle to the use of the remedy.

Superior, however, in medicinal efficacy, to all the modes of applying water, is the "*affusio frigida*," or the sudden pouring of cold water on the body, or the sudden immersion of the body in cold water.

The cold affusion was first scientifically introduced into practice by Dr. Currie, of Liverpool, the gentleman already noticed, and it was after reading a paper by Dr. Wright, in which the benefits arising from the use of cold water, in certain cases of malignant fever, was conspicuously exhibited, inasmuch as affusion—to the use of which Dr. Wright was led by observing that the pains in his limbs, connected with the fever under which he labored, were relieved, when on deck, in proportion to the coldness of the atmosphere in these cases—was

attended with success 'when all other means had failed.

In the year 1787, a contagious fever appeared in the Liverpool Infirmary. The cold affusion was tried in several cases, and with benefit—indeed with perfect success.

In 1792, the 30th regiment was billeted in Liverpool; the general guard-room belonging to the regiment was ill ventilated and damp; in it some drunken soldiers were confined, and, in consequence, the typhous or gaol fever broke out and spread rapidly. Being arrested by precautionary measures, it was found that fifty-eight soldiers were affected, thirty-two of whom went through the regular course of the fever, and the remaining twenty-six had the disease cut short by the cold affusion. The water of the river Mersey was that used, its temperature being from 58 to 60 deg.

Since this time, the cold affusion has been abundantly and beneficially used in fever; and a striking proof of the benefit connected with the practice is, that the patients, though at first terrified at the thought of having cold water poured upon them, generally express a wish to have the affusion repeated.

It may be proper to notice the circumstances necessary to be attended to in the use of the cold affusion in fever.

The time when the cold affusion is to be used, is when the exacerbation of the fever is at its height, which is generally in the evening; and, used at this time, one particular advantage is gained, namely, that the patient frequently falls into a sound sleep. However, the affusion may be used on any occasion when the heat of the

surface is steadily above the natural standard, and when no chilliness is present.

It is not to be used simply because the *patient's feelings* may indicate that he is hotter than natural; the temperature must be ascertained by the thermometer, placed beneath the tongue or in the axilla. This is the only safe criterion by which the heat can be judged of.

The earlier this remedy be used the better; the solution of the fever being generally effected when used even on the second or third day of the fever, and even sometimes on the fourth; though then, if not effecting a solution, always moderating the severity of the disease.

The same remarks apply to the use of the cold affusion as of cold drinks in the treatment of intermittent fever, being had recourse to in the paroxysm, often cutting the disease short. It is necessary, however, to give medicines in the interval. It has sometimes prevented the approach of the paroxysm, when made use of about an hour before the expected return. Hence the practice, in some parts prevailing, of pushing persons affected with ague unexpectedly into a river.

In smallpox it has been used with benefit; an use which prejudice and preconceived opinion have tried every means to gainsay. It has been objected that the cold affusion has a tendency to drive inwards what nature has driven or is endeavoring to drive out. However, it is a well-established fact, that cool air is highly beneficial and grateful to those laboring under smallpox; and consequently it may, perhaps, hence be justly inferred, that the affu-

sion of cold water may be useful. The fact favors the corollary; since, after the cold affusion, the eruptive fever abates; the delirium, if previously existing, subsides; the pulse is slower; the headach is reduced; the sleep is tranquil. It is a fact, moreover, which should ever be borne in mind, that the eruption is proportioned to the fever; and that, consequently, in diminishing the fever, we diminish the eruption.

In confluent smallpox, however, the cold affusion does not seem so useful, especially after the eruption is complete.

In scarlet fever, the cold affusion has been used in cases with much benefit, wine being generally administered after it. The efflorescence, in some examples, did not take place; a circumstance showing that the disease was cut short. No affection of the throat occurred in these cases.

If asked for an explanation as to the reason why the cold affusion produces such decided effects on fever, the answer will consist of this,—that the same is dependent upon the sudden, general, and powerful impression on the sensations, disturbing the morbid connexions, and exhibiting the truth of that principle, first clearly developed by John Hunter, that no two actions can exist at the same time in the system.

The cold affusion has been used in convulsive diseases, and with much benefit.

Among spasmodically convulsive diseases, tetanus, for severity, danger and extent, holds the most prominent place. The principal remedies for this disease are opium, mercury and wine. The cold bath may now be added to the list. Dr. Wright and Mr.

Cochrane used the bath with success in this disease, in the West Indies. Dr. Currie has a high opinion of its power in idiopathic tetanus, that is, not arising from wounds. The patient should be thrown into the water when under a general convulsion. In several cases where opium had failed, as also mercury, the cold bath succeeded, the muscles becoming more relaxed after each plunge. Hippocrates and Barcenna notice the use of the cold affusion in this disease. This remedial agent must be hailed, by every well-wisher to the human race, as one of the highest importance, and likely to place in our power one of the most untractable of diseases.

In insanity, the cold affusion has been used with success, when the most active measures have failed,—the violence of the delirium being abated, and the symptoms being broken in the chain of their occurrence. As illustrative of the benefit arising from this remedial agent, the fact, well known, that many persons, in the delirium of fever, have thrown themselves into the water, and have recovered from fever immediately afterwards, is worthy of notice. Sir John Chardin was cured in this way.

In the hysteric paroxysm, it is a very efficacious remedy, especially with those young ladies who, when they wish to gain any particular point with their papas, have recourse to the paroxysm of hysteria; the very expectation of the affusion will often prevent the attack of the disease.

In the paroxysm of general convulsion, the cold bath has been used with advantage: the more general the convulsion, the more

beneficial is the application of the remedy.

Several cases of obstinate stricture at the neck of the bladder, in which the influence of opium, bleeding or fomentations was not of any avail, have been cured by dashing cold water on the legs.

Such are some of the many uses of this mode of applying cold; uses so important as to rank this very high among remedial measures.

In concluding, the question may be proposed, How does cold produce these beneficial effects? Cold, by its coldness, may act as a refrigerant directly; and, in this point of view, may do good: but the general influence is dependent upon the effect on the nervous system in giving a shock to the frame, which destroys the succession of morbid phenomena, and thus cuts short the disease. However, it is likely that cold does much more than simply destroy the succession; it may, in addition, have a peculiar influence upon the nervous system; but into this subject an opportunity will be afforded of entering hereafter.

With respect to objections to the use of cold in local inflammatory diseases connected with fever, much might be said; but this subject will be entered upon when treating of warmth as a remedial agent.

II.

On the Prophetic Power said to occur before Death in the Brain Fever.

FEW practitioners but have met with instances in which the fatal termination of a disease has been

predicted by the patient long before any sign of such fatality had exhibited it-self. The mind of a man is often deeply and unchangeably impressed with a strong conviction that he is on his death-bed, and that his dissolution is at hand, when nothing but this conviction arouses the apprehension of his medical attendant; and how often does such apprehension prove well founded. Whether this idea resting on the mind, disarms the system of its power of resisting disease, or whether there is sometimes given to men, just before they enter the world of spirits, a spirit of prophecy, is a question not easily decided. Some interesting observations on this subject, made at a late meeting of the London College of Physicians by Sir Henry Hallford, the learned physician and accomplished writer who presides over that body, are recorded in the periodicals of that metropolis.

Sir Henry began his paper by observing that he regarded the description given by Aretæus of the burning fever of Hippocrates,—the brain fever of English authors,—as one of the most interesting specimens of medical literature which had come down to us from antiquity; remarkable alike for the beauty of the language (Ionic Greek) and the fidelity of the details. It was not to the early stage, similar in its phenomena to other inflammatory diseases, but to its termination, that the author was anxious to direct attention,—a termination ushered in by syncope, followed by cold sweats, and “a loosening of all the bonds by which the human frame is held together.”

Aretæus represents the patient

as the first to discover his approaching end, and announcing it to his attendants; as seeming to hold converse with those gone before him, and acquiring a prophetic power in the last moments of existence; while he attempts to account for this by supposing that the soul, whilst “shifting off this mortal coil,” becomes purer and more spiritual, as if its new existence had already commenced. This account of the description of Aretæus was followed by the history of a case which had fallen under the care of the learned President. A young gentleman who had been using mercury, caught cold while under its influence, and became affected with fever. On the seventh day, when Sir Henry was first called in, he was in a state of the highest excitement—threatening those around him, and not to be approached without increasing his irritation to fury. He was put under restraint, and tartarized antimony administered at intervals, in doses of a grain each time. On the eleventh day from the commencement of the attack, he had become quite calm, and to those about him he seemed to be much better. It was observed that he had repeatedly said he should die, and had talked with the utmost composure of his affairs, giving directions for their arrangement. He sent messages to his absent friends, and spoke of a sister recently dead, as one whom he was about immediately to follow. In answer to his interrogations, Sir Henry found that he had not slept anterior to this quietude, and that his pulse was quicker than ever. He then became satisfied that the improvement was but in appearance,—that it was “a lightning before death,”—and that the hours

of his patient were numbered. He died that night.

The author next alluded to the case which was related last year, in which a gentleman, laboring under insanity, was put to Shakspeare's test of "rewording" his meaning.* In this case, also, some restoration of the mind took place before death; but, as the case was a chronic one, the phenomena were different,—different as delirium from insanity. The mention of this distinction led the author to allude to the eloquent pleading of Lord Erskine, in defence of Hatfield. "In some cases (said he), perhaps in several, the human mind is stormed in its citadel, and laid prostrate under the stroke of frenzy. These unhappy sufferers, however, are not considered by physicians as maniacs, but to be in a state of delirium from fever. There, indeed, all the ideas are overwhelmed, for reason is not merely disturbed, but driven from her seat. In others, reason is not driven from her seat, but distraction sits down upon it along with her—holds her trembling upon it, and frightens her from her propriety."

Returning to Aretæus and the prophetic power attributed by him to patients under this form of fever, the learned President observed that it did not appear to him necessary to attribute the phenomena to any supernatural influence. We were accustomed to see the mind frequently "clear up" in the last hours of life, especially when this is cut short by diseases which have previously disturbed the intellectual faculties. The mind becoming capa-

ble of exercising the most correct judgment when no longer biased by the passions, and the experience of the past giving wisdom to the inferences as to the future; such being a period, according to the lines of Milton,

"When old experience does attain
To something of prophetic strain."

The author next entered into a curious and erudite discussion, in which he displayed great ingenuity and research. The object was to prove, by numerous illustrations, the general prevalence, in ancient times, of a belief that some prophetic power attended the last hours of existence. He began by referring to holy writ, quoting the passage from the Pentateuch, where it is said that "when Jacob had made an end of commanding his sons, he drew up his feet into the bed, and yielded up the ghost." The former part of this passage Sir Henry thought might be more faithfully rendered, "when Jacob had finished imparting his solemn injunctions to his sons,"—injunctions with which were mixed up much prophetic matter. And although the learned President believed the narrative of Moses to have been guided by the light of inspiration, and therefore not to be humiliated by being compared even with the sublime description of disease to which he alluded, still, he observed, it was remarkable that the Deity should think fit to choose the dying hour of the patriarch in which to enlighten his mind as to his gracious purposes for the future.

The fame of Jacob's prophecy, as well as of those of Isaiah, extended far beyond the limits of

* See this Journal, vol. ii. page 421.

the country in which they were made ; and the learned President deemed it probable that they had spread over the whole of the Roman Empire, by the authority of the Sybilline leaves. The general belief which attributed the gift of prophecy to the hour of death is alluded to by many, both of the Greek and Roman authors; and among others, Cicero, no less distinguished as an orator than as a philosopher, in his first book *De Divinatione*, mentions that the death of Alexander the Great had been predicted by an Indian about to die on the pile. In the sixteenth book of the *Iliad*, Patroclus foretels the death of Hector ; while Hector, in his last moments, prophesies the fall of Achilles by the hand of Paris.

The same idea of prophetic power is seen in Virgil, who makes Orodes (10th book of *Æneid*) predict the death of Mæzæntius, by whom he had just been mortally wounded.

“ Non me, quicunque es, inulto,
Victor, nec longum lætabere : te quoque
fata
Prospectant paria, atque eadem mox arva
tenebis.”

So, also, Shakspeare, when Hotspur falls in the conflict with Harry Monmouth—

“ Oh ! I could prophesy,
But that the earthy and cold hand of
death
Lies on my tongue.”

In Richard the 2d, too, we find John of Gaunt, when dying, exclaim—

“ Methinks I am a prophet new inspired.”

The author concluded in these words :—“ I have extended this speculative part of my paper to too great a length ; not that I dread the reproach of those among

you who delight to mix the elegances of literature with the severer studies of your profession ; nor do I fear the disapprobation of others who are intent only on acquiring a knowledge of physic : they will surely thank me for having laid before them so faithful, so beautiful an historian of disease as Aretæus.”

III.

*Case of Croup in which the Antispasmodic Treatment was adopted.**

By JOHN WARE, M.D.

I SHOULD not have thought it worth while to call the attention of the readers of this Journal to the following case, standing, as it would have done, alone, had it not been for the resemblance of the treatment adopted to that proposed in an article by Mr. Kemble, contained in the number for February 23d.

The subject of it was a female child, of 19 months old, who had been affected for some months by a cutaneous disease, for which it had taken a variety of remedies ; and, in consequence, her strength had been somewhat reduced. The affection of the skin had almost entirely disappeared, and the child, though thinner and paler than usual, was still tolerably well. On Thursday, Feb. 11th, I visited it, as I supposed for the last time, on account of

* This history, which, in connection with the article it alludes to, encourages the hope that the new treatment of croup may diminish the mortality of that disease, is recommended to the careful perusal of every practitioner of the healing art.—ED.

the eruption, and found it laboring under a hoarse cold, for the management of which I gave its mother some directions. On Sunday, Feb. 14th, I was again called to it, and found, that, instead of improving, it had continued to grow more sick since my seeing it,—that, though tolerably well through the day, and only troubled with an occasional hard cough, yet every night it became stuffy and hoarse, and breathed with difficulty. It had not, at the time of my visit, the confirmed breathing of croup, but the cough was very well marked. I gave the following emetic :—

R. Hyd. Subsulph. gr. vi.

Hyd. Submur. gr. xvi.

Pulv. Ipecac. gr. xij. M. div.
in chart. 8.

Two to be taken at once, and one to be taken every half hour till vomiting should be produced. Five powders were given, which produced very thorough vomiting, with copious evacuation and considerable relief. In the evening, during sleep, the breathing was tolerably easy, but had something of the peculiar sound of croup; the cough the same. A powder, containing a grain and a half of calomel and three quarters of a grain of Dover's powder, was given every four hours through the night, and a teaspoonful of the Syrup of Seneka, with about fifteen drops of the wine of ipecacuanha, every second hour between.

15th.—Through the night the respiration was bad, and this morning vomiting was again produced by the same emetic with that given yesterday. Its operation was not, however, followed by the same relief. The respi-

ration and cough were now clearly marked, and grew worse through the whole day. In the afternoon and evening, there seemed to be a considerable quantity of mucus present in the air passages, more than is usual in cases of croup, but the character of the cough and breathing was not altered in other respects. In short, the patient seemed this evening to have arrived at a stage of the disease, from which it has not often been my good fortune to see recovery take place. Accordingly, deeming it useless to vex her with remedies which might occasion uneasiness and suffering, and could probably do no good, I determined to administer a sufficient quantity of opium to diminish the distress of the disease, and take the chance which nature and such remedies as I could combine with the opium would afford. A grain of Dover's powder, with two grains of calomel, was given every two hours through the night, and, in the intervening hour, a teaspoonful of the Syr. Althæa 3i., with four grains of alum.

16th.—There was less mucus in the lungs; the respiration was more dry. The cough had the same decided sound, but the distress of breathing was less. The medicines were continued. In the forenoon the breathing became much worse, and continued so through the greater part of the day, with intervals of ease. But, on the whole, the aspect of the patient was such as to lead me to apprehend a fatal termination within twelve or twenty-four hours.

17th.—Through the night she had been growing easier. The respiration had but slightly the croupy sound, and was not much labored. Cough remained the same

as to sound, but was easier. Continued in a state of sleep or stupor the greater part of the time, but was capable of being roused from it. A grain and a half of Dover's powder, with half a grain of calomel, was continued every four hours, and a blister applied between the shoulders. In the course of the day the symptoms seemed to be considerably mitigated.

18th.—The respiration is easy, with but a slight degree of the sonorous sound of croup; the cough less marked and unfrequent; a constant disposition to vomit. The patient appears completely under the influence of opium, and, except it be roused, lies with its eyes half closed and rolled upward under the lid. Medicine continued through the day. In the evening, the stupor having increased, the opiate powders were omitted, and, as there had been no discharge from the bowels for two days, a dose of oil was given.

19th.—No particular difference, except an increase of the state of stupor. It is difficult to rouse her. The eyes, when opened, have a glazed appearance; the iris is widely dilated, and but slightly contracted by light. Respiration and cough continue improving. No discharge from the oil. A second dose was given, which produced one or two stools of a dark green slime.

20th.—After a quiet and easy sleep, she awoke brighter than yesterday, and had, during the day, a slight appetite. The cough still continues hoarse, and the respiration is dry and sometimes sonorous. Doses of one quarter of a grain of calomel and half a grain of Dover's powder were given every four hours.

For several days the cough continued to retain some resemblance to that of croup, and the dryness and sonorousness of the breathing diminished very gradually. It was, in fact, more than a fortnight before they entirely vanished. It is perhaps worthy of remark, that the bowels remained in a disordered state for a much longer time, and that the appetite returned much more slowly than is usual in children after acute diseases.

I recollect only one case of recovery from croup under circumstances which I considered as bad as those existing in this case: and I do not communicate it as intending myself, or wishing that others should, lay much stress on it. Had it not been for the publication of Mr. Kemble, I should have been induced to believe that a mistake had been made in the nature or the stage of the disease: and I do not intend to express a decided belief that this was not the case. Still, it seems to me that every instance of the kind, taken in connexion with the results which are stated to have followed in the practice of Mr. Kemble, is of some value as helping to enable us to settle the value of that practice.

Every physician will acknowledge that, if not subdued in its very first attack, croup is seldom treated with success; and many cases are met with, which, in spite of every remedy, and that too when they have been administered from the first moment, go on to a fatal termination with a steady and undeviating step. Now this method of treatment seems to have a fair claim to trial in those cases where there is no reasonable expectation from the ordinary methods. It has

this further claim to a favorable attention,—that if it do no good, it at least does not annoy the patient, and renders the last mo-

ments of this most horrible of diseases less painful to the living, as well as to the dying.

Boston, April, 1830.

BOSTON, TUESDAY, APRIL 13, 1830.

IMPORTANT DISCOVERY IN THE PHYSIOLOGY OF GENERATION.

AMONG the questions which have from time immemorial exercised the ingenuity of speculative physiologists, is that of the circumstances in the parent which determine the sex and constitutional peculiarities in the offspring. It was, as is well known, the belief of Galen, that the two ovaries and the corresponding sides of the uterus had distinct functions; the right being destined to the production of males, and the left to that of females. He even extended this idea to the secretion of the two testes, though he does not attempt the task of reconciling this portion of his theory to the first, or to facts which must have been known to him in regard to the offspring of individuals in whom the organ was single. As respects the distinct functions of the ovarian contents, nearly the same doctrine has been revived in modern times by a French author, who published a work on the subject about twenty years since, but whose effort to found a durable reputation on this basis has not proved successful. We have now before us an analysis of a work lately published, whose author—M. Girou de Busareingues, an agriculturalist in the south of France—has advanced a doctrine which, if new, entitles him to the credit of considerable ingenuity, and at any

rate has been very industriously investigated. It contains two separate propositions:—1st, that, in animals of mature age and perfectly developed, the influence of the sexes on the external form *crosses* in generation, the male being most influenced by the mother and the female by the father; and 2d, that, in regard to the sex itself, the influence is direct, the strength of constitution of each of the parties tending respectively to the production of his or her own sex.

The first of these propositions is deduced from particular observations, the force of which cannot be exhibited in a condensed view;—the second, on the contrary, is based upon general results, many of which were obtained from direct experiment. The first remark made by M. Girou was, that, in his flocks and studs, those females who were below or above the prime of life, produced most females by having united with them very old males; while those in the most vigorous age produced offspring of their own sex, though united with young subjects. To ascertain whether a similar law had been noticed by others, M. Girou made inquiries of the neighboring agriculturalists, who assured him that they had constantly observed, when the male was young and the female robust, that the product of their union

was male ; while the contrary had as uniformly happened, when the conditions were reversed.

In order to put this matter to the test for the satisfaction of others as well as himself, M. Girou announced, in 1825, to the agricultural meeting of Severac, that a part of his flock, already marked, would give him, at the next *agnelage*, more females than males. The Society nominated two commissioners to ascertain the fact. Although the intentions of the author were in some respects frustrated, the proportion of the males to the females was 1000 : 1472.

At another meeting, M. Girou offered to effect the production of a majority of males or females in a given flock, at the choice of the Society : two members furnished each one for the experiment. One of the two was divided into two equal parts, but without reference to age or constitution. The first part, being supplied by very young rams, gave a product of 30 males and 76 females ; in the second, for which were selected rams of four and five years, strong and vigorous, the result was 55 males and 31 females.

In the experiment with the second flock, more attention was paid to the other conditions already alluded to. The first section, composed of strong sheep of four or five years, was sent into rich pasturage, and visited by *agneaux antenois* (yearlings) ; it produced 15 males and 25 females. The second section, made up of feeble sheep under four and over five years, was placed in dry pasturage, and received two strong rams over three years : the result was 26 males

and 14 females. In both experiments, it was remarked that the lambs produced by the young rams were equal in appearance to those in which the male parent was most vigorous.

The law which seems to be thus established of the direct influence of the parent on the sex of the offspring, is subject to an important modification arising from disease. When affected by the rot (*la pourriture*), the female produces most males ; while those whose lungs are diseased have most females. M. Girou derives, from these facts, a confirmation of his general doctrine ; but this inference is not very important, or altogether obvious.

The experiments made on horses were attended with results similar to those above stated. It happened to be most profitable to M. Girou that his mares should have more females than males. With a view to this effect, he took care, in the year 1824, to furnish them pasturage, and to give none to foal who had borne the same year and suckled the year preceding ; “ *elles ne furent présentées à l'étalon qu'après qu'elles eurent donné des signes de chaleur.*” Five mares thus prepared produced five females, and of 15 foals obtained from 1824 to 1827, there were 13 males and 2 females ; one of which last was produced under circumstances unfavorable to success. Similar results have been obtained elsewhere ; and it has always been remarked, that the horses of the South, especially the Arabian, produce more females than males, when connected with females belonging to northern

countries, who, from this circumstance, may be supposed to have been the most vigorous.

The other mammiferous animals—the bull, the hog and the dog—were found to be subject to the same law. With regard to the last race of animals, a fact has been related by that distinguished physiologist St. Hilaire, which, though it bears principally on the subject of superfetation, has also an important relation to the present theory. A bitch of Mt. St. Bernard, of a very large race, was united in succession to a dog almost as large as herself, and to a hound much more feeble; she had eleven young ones. These animals differed so much from each other, that it was difficult to believe that they could have proceeded from the same parent. Six resembled the hound, and five the larger dog; the latter were all males, and the former, on the contrary, were all females.—In our next, we propose to inform our readers how M. Girou succeeded in extending his observations to birds and insects, to plants and the human race.

PERFORATION OF THE STOMACH.

THAT perforation of the coats of the stomach may take place independently of the action of caustic or irritant substances, and even by a process so slow as scarcely to produce any marked symptoms during life, is abundantly proved by recent observation; and it has become an important object to distinguish cases in which this effect has been produced thus gradually, from those in which it has resulted from the administration of poisonous substances.

According to Dr. Christison, of Edinburgh, a distinguished writer on toxicology, the diagnosis may be made with nearly absolute certainty.

If a person to whom a caustic poison has been administered dies very quickly, so that no considerable action is exerted on the coats of the stomach, the poison will be found within the organ. If, on the other hand, it has made its way through by ulceration, the deep vascularity or black extravasation around the orifice, will at once distinguish the occurrence from spontaneous perforation,—the latter being never attended with any considerable vascularity, and often marked by an *unusual whiteness* of the parts affected.

CURE FOR HOOPING COUGH.

DR. KAHLEISS, who published, in 1827, a memoir on the efficacy of a combination of belladonna, ipecacuanha and sulphur, which he had employed with the greatest success in the treatment of this disease, has lately produced another on the same subject, containing a number of new facts which go to confirm his previous views. The proportions in which Dr. R. employs the articles alluded to, will be seen from the following formula:—

R. Rad. Belladon. Pulv. gr. iv.
Pulv. Dover. gr. x.
Flor. Sulph. ℥iv.
Sac. Alb. Pulv. ℥ii. M. div in ch. iv.

One powder may be given every three hours to a child two years old. Between the doses is given a teaspoonful of the following mixture:—

R. Infus. Anthem. Nob. ℥i.
Syrup. Simp. ℥ij.
Acid Pruss. Vauquelin, gtt. xij. M.

These proportions may, of course, be varied according to the age and constitution of the patient.

In conclusion, the author observes that the effect of the treatment is not always observable for the first four or five days; but, after this time, they are always evident, and, in general, at the expiration of from eight to twelve days the cure is complete. In some instances there have appeared, on the third or fourth day, a red efflorescence on the skin, and a dilatation of the pupils. In such cases, the exhibition of the medicine must be discontinued for twenty-four or thirty-six hours, and the proportion of the belladonna be diminished.

SCIENTIFIC MINUTENESS.

THE celebrated French naturalist, Cuvier, has dissected an insect not an inch long, in which he reckons *four hundred and ninety-four* muscles, connected with four hundred and ninety-four pairs of nerves, and *forty thousand* antennæ!

N. Y. Med. Inq.

Red Ink.—The most brilliant and permanent red ink that can be made, is as follows:—Take a small quantity of the best carmine, about the size of a pea, and put it into a small phial, with a little spirits of hartshorn, to dissolve it; when dissolved, put as much pure water in it as will give it the shade wanted; keep the cork out of the phial some time, to let

the spirits of hartshorn evaporate; when it is ready for use. Bad carmine should not be used, because it has a sediment of vermilion, and cannot be dissolved, which renders it unfit to be used in a pen.—*Ib.*

Fire.—It must be familiar to many observers, that the rays of the sun, falling on a fire, put it out. This is accounted for by a writer in a foreign journal, saying: "That it is well known that a fire will not burn without air, and also that heat rarefies the air. Now the sun's heat, combined with that of the fire, will rarefy the air to such a degree that the fire will go out, because the air is not sufficiently dense to make it burn."—*Ib.*

TO CORRESPONDENTS.—The case of Hermaphroditism is interesting, but the description not sufficiently minute for a medical Journal. If our friend will have the goodness, at another examination, to make a more thorough description, and allow us to combine the result with what is already on our table, his history will be highly acceptable.

The remarks of our anatomical correspondent are wholly inadmissible.

An anonymous letter respecting the M'Lean Asylum has been received by the Editor, and as it contains statements not generally known, and which, to have their due weight, should come from some good *authority*, the writer is requested to append his name to the communication. We shall then insert it with more pleasure.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MARCH 26.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
March 20.	M.	30 yrs	consumption	24.	F.	25 yrs	childbed
	F.	6 1-2	lung fever	25.	M.	29	lung fever
	F.	3 w	unknown		F.	30	consumption
	F.	33 yrs	consumption		F.	2	dropsy on the brain
22.	M.	35	fever		F.	44	inflammation on lungs
	M.	72	old age		F.	24	consumption
23.	M.	38	consumption	26.	F.	45	unknown

Males, 5,—Females, 9. Total, 14.

ADVERTISEMENTS.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

MEMORIA MEDICA.

THIS day published by CARTER & HENDEE, corner of Washington and School Streets, Memoria Medica,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the “Memoria Medica” which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-

place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.
Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by J. D. Fisher, M.D. This day published and for sale by CARTER & HENDEE, cor. of Washington and School sts. Price 62 1-2 cts.
Jan 26.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, APRIL 20, 1830.

[No. 10.]

I.

ON THE TREATMENT OF SCROFULA.

By WM. LAWRENCE, F.R.S.*

THE notion of *debility* has been very generally entertained by professional men as the cause of scrofula, and the source of the various sufferings to which scrofulous individuals are subject. Hence it has been too often the case, that when a scrofulous disease, or one supposed to be scrofulous, is met with, the patient is directed to take *tonic* medicines, and to eat animal food and drink fermented liquors; and in many persons the idea seems to prevail, that the more, both of tonic medicines and of these stimulating articles of food, that can be taken into the stomach, the better for the individual. I cannot, for my own part, imagine an opinion more entirely erroneous than this; and I conceive we should be much nearer the truth, if we said that scrofulous subjects should not take tonic medicines at all, nor the kind of diet alluded to. I say, in a comparison of these two statements, the latter would be nearer to the truth, and a more safe practice than the rule of stuffing the scrofulous patients with tonic and stimulating medicines, and allowing them to take into their stomachs as much ani-

mal food and fermented liquors as they can possibly swallow. The state of a scrofulous subject is certainly, in one point of view, that of debility. Scrofulous subjects are not capable of doing or bearing much: but, although individuals are not capable of doing or bearing much—and so far they may be said to be weak—you are to consider that the organs of scrofulous subjects are more easily excited; they will bear external agents less than other persons. How can you expect that the stronger kind of medicines, bark, &c., can be borne by the alimentary canals of such subjects? How can you expect that individuals of this excitability of system can bear large quantities of stimulating kinds of food? The notion, in my opinion, is altogether unreasonable. Unquestionably the regulation of the diet, and the selection of the articles that are to constitute the food, are circumstances of great consequence in the treatment of scrofulous individuals. The diet should be of a nutritious, but not of a stimulating or exciting kind. A mixed diet of animal and vegetable food has been found, by the experience of all ages and all countries, to be the best suited to the human organization. I see no reason whatever, therefore, for prohibiting scrofulous subjects from taking vegetable aliment; a moderate portion of the lighter kinds of

* From Mr. Lawrence's Lectures at St. Bartholomew's Hospital.

animal food, taken once a day, and the mixture of it with well dressed vegetables, bread and milk, farinaceous articles, and ripe fruits,—these are the kinds of articles that should form the diet of scrofulous individuals. Certainly, in many instances, particularly those of the excitable kind of scrofulous subjects, animal food can hardly be borne every day. There are many such individuals to whom we should only allow meat every second day, and their diet on other days should consist of bread and milk, and other farinaceous articles, and well-dressed vegetables and fruits. The quantity of food, of course, must be carefully attended to. Children are not able to determine this point for themselves; indeed, grown-up persons do not judge with the greatest possible propriety on that point. The time of taking food must also be attended to. In younger children, perhaps food might be allowed four times a day, but, in those a little older, it is sufficient to allow food three times a day, nothing being taken in the intervals between the meals.

In respect to *medical* treatment, we shall find, in general, that there is a disturbed state of the alimentary canal, and frequently some part of the canal is loaded with unhealthy secretions. Therefore the first object is to clear the intestines of such accumulation; to free the bowels, and to employ such means as will generally improve and assist them in the regular performance of their functions. Now because a person is said to be scrofulous, and scrofulous subjects are supposed to be weak, you are not to imagine that, in the state of disorder of the alimentary canal which you frequently find in such persons, very mild aperient

medicines will be sufficient. It is often necessary to employ strong cathartic medicines, and these in considerable doses, in young subjects—not invariably, but frequently; and particularly so, if there be a foul tongue, and an offensive state of the breath, indicating an unhealthy condition of the alimentary canal, more especially if there should be combined with these circumstances a tumid and enlarged state of the abdomen. You must administer calomel in combination with rhubarb or jalap, or calomel with antimony, followed by the ordinary draught of senna and salts, or castor oil; and you must repeat these medicines till you get rid of the accumulation. You must first then clear away the contents of the bowels; and after you have done this, milder means will suffice to ensure their regular action;—a grain of calomel, or a few grains of hydr. c. creta, given twice a week, exhibiting at other times mild aperients suited to the case. The compound decoction of aloes is a good medicine in such cases, given in the middle of the day, or a little before dinner.

The object, after you have once cleared the alimentary canal, is simply to ensure the regular action of the bowels; not to purge them—you do not require that—but, in conjunction with the attention you pay to diet, the residue of the alimentary matters taken into the stomach should be regularly expelled from the bowels; and that does not require very active means.

Then, in certain circumstances, it may be expedient to give medicines of a tonic or strengthening kind; and if the tongue be clean, you may safely administer these. If you have cleared the alimentary

canal, and got a clean state of the tongue, and the patient remains pallid and feeble; if the skin is cold, and there is a defective circulation in reference to the surface, you may administer tonic medicines—perhaps steel and mineral acids. The best of these tonics is infusion of Cascarilla with dilute nitric acid;—or sulphuric acid may be given, in the infusion of roses. Ammoniated tincture of iron, bark, columba and gentian, are tonics that are frequently given under such circumstances. Great confidence has been heretofore reposed in bark, in the treatment of scrofulous subjects; but I believe it possesses nothing particular in its powers: it is capable of doing nothing that may not be effected by other medicines. With these tonics, mild aperients may be associated. Rhubarb may be advantageously joined with carbonate of iron. If there be acidity, it may be advantageous to give alkalies, in conjunction with bitter tonics. It would seem that the principles of modern practice, even in ordinary cases, are not clearly established. Alkalies have enjoyed great reputation in the treatment of scrofula: the hydriodate of potash, and the hydrochlorate of lime, have been used; subsequently, carbonate;—all these have been regarded as specifics, and a combination of them with tonics has been employed. Other persons have wisely considered that a medium between the two extremes of the exhibition of acids and alkalies in scrofula, is the most desirable mode of proceeding. Having mentioned these opposite opinions generally, I may refer to my own experience; and probably the truth is, that neither the acids nor the alkalies are of great importance

in such cases: the successful treatment may not depend upon the administration of either of these remedies.

An opinion has often prevailed, that mercury ought not to be given to patients affected with scrofula; that great danger is connected with it, of aggravating the affection and rendering it more obstinate. Certainly I think we cannot dispense with mercury, considered as a purgative, or as a means of restoring the secretions. We often find the most essential service in giving it in an active way, to clear the alimentary canal in the first instance; and, although in milder doses than I have mentioned, it is proper to continue it afterwards. But we may go farther, and state, that, in some forms of scrofulous disease, where the affection is active, and is proceeding to changes of structure in the parts, and to effects that would lead to serious evil—as in affections of the cornea of the eye, where a deposition is taking place there under scrofulous inflammation—it is often of advantage to carry the mercury so far as to affect the system of the individual, so that we can control the progress of the disease, bring it to an end, and prevent the destruction of the parts: and we do this, as far as I know, without danger to the individual in any other respect; so that I am inclined to think that the notion which has hitherto prevailed, and has been extensively spread, of the peculiarly unfavorable action of mercury on scrofulous individuals, is by no means well founded. When mercury is given in the way I have mentioned, we may employ calomel, in conjunction with James's powders—or hydrar. c. creta. Sometimes the sublimate has been recommended

in such cases, given in solution, in the proportion of a grain to two ounces of tincture of bark or rhubarb, of which about a teaspoonful may be taken for a dose.

The state of the skin is a point of particular consequence in the management of scrofulous subjects. We very commonly find the skin dry, harsh and pallid; a state of the surface in which there is defect in the capillary circulation; where the quantity of blood that should be sent to the surface of the body does not reach it, and where, consequently, the secretions of the skin are deficient. When we consider the great extent of the skin, the importance of its secretions, the quantity of matter that is naturally separated from the body by the cutaneous transpiration, we cannot be surprised that the condition of this part should have a great influence on the health; and, in scrofulous subjects, we find the skin in a state far from healthy. Under such circumstances, warm bathing is very advantageous; where this cannot be accomplished, washing the skin once a day with warm water, and rubbing it well, may be resorted to. The individual in whom such a state of skin exists, should be warmly clothed; more especially in the colder part of the year. It is a very mistaken notion to suppose that the kind of weakness which exists in scrofulous subjects can be remedied by *hardening* them, as it is termed,—that is, by allowing them to be exposed to cold and vicissitudes of temperature. The animal powers are comparatively defective, and therefore you suspect, very naturally, that they are not capable of that exertion which is

necessary to meet these exigences and these vicissitudes; neither should they be exposed to them. It is always desirable that scrofulous subjects should have exercise; and therefore I by no means wish that they should be kept at home, or prevented from going out because it is cold; but that they should be allowed to go out and to take exercise, having care that they are so clothed as not to suffer from the cold. It is found, by experiments on animals, that the power of generating heat is less in young subjects than in adults; and it is less in proportion to the early age of the individual. In respect to the great advantages under which the individual is placed, so far as it regards temperature, and also so far as regards a proper supply of healthy nutriment, properly adapted to the purposes of the economy,—in these two respects we see, I think, the reason why children, during the period of suckling, do not suffer from scrofula at that time; at all events, children so circumstanced are generally warmly clothed;—the infant is, in a great measure, about the person of the nurse, and has the benefit of the temperature produced by her; so that they do not suffer from cold, and there is a supply of healthy nourishment produced by the hand of nature for them. Thus the two great causes of exciting scrofula under other circumstances—exposure to cold and insufficiency, or an unwholesome kind of nutriment—are prevented, in the case of an infant, during suckling.

I have mentioned that exercise should be regularly taken; and, in fact, if you leave children to themselves, they will naturally

engage in a variety of active pursuits, by which their muscular system is sufficiently exercised ; and, I think, if anything like a tendency to a disease of this kind is manifested, parents ought to consider the advantages of education as a secondary thing to that of establishing the health of their children ; for nothing like attention to book-learning, or studies, ought to interfere with those rules that are considered necessary to restore and secure health under such circumstances.

These are the general points of management that are applicable to the treatment of strumous individuals. You observe all these are what may be called general rules, whether in management or medicine ; in fact, as the great cause of scrofulous disease is found in a certain state of constitution, the means that are designed to obviate the disease must be applied to the cause, and must be of a *general* nature. However, we frequently have occasion to apply *local* measures in conjunction with them, though perhaps these may be considered as secondary in point of importance. In the case of simple chronic swelling, without any very active inflammation, it may be sufficient to trust to the general means of management that I have mentioned ; and the parts may be kept warmly covered with soap plaster. When more active inflammation exists, if there is a great degree of redness, and heat, and pain, you must apply mild antiphlogistic means, according to the degree of inflammatory symptoms. You would apply a few leeches to the part ; you might apply an evaporating wash, or a poultice of bread and milk, or linseed afterwards. When suppuration

takes place, it is necessary to open the collection very quickly. You do not make an absolute rule of this ; but, under many circumstances, there is a want of disposition to come to the surface : the collection will extend in circumference, and the difficulties which frequently result from scrofulous abscess will be increased. If you leave it to itself, the skin often becomes excessively thin ; and when the swelling forms matter, considerable part of the skin must ulcerate, for it is so far deprived of life that it cannot remain attached to the parts belonging to it. You obviate this by opening the collection pretty early. The languid and unhealthy kind of ulceration which frequently follows after the abscess is broke, or which takes place spontaneously in the skin, very often requires the use of local stimuli or astringents, but it is not by any means universal. Under many circumstances, scrofulous ulcers do well by simple local means, such as linseed, or bread poultice, or a simple dressing of soft ointment, or other simple dressings. But when the surface of the skin is pale or livid, when these signs of deficiency in the restorative process are observed, you may dress the surface of the sore with nitrate of silver, or sulphate of zinc, or red precipitate ointment ; that is, you must apply local stimulants suited to the exigences of the case. In chronic scrofulous inflammation, you often find it necessary to have recourse, in the first place, to mild antiphlogistic treatment, and afterwards counter-irritation ; to blister, to stimulate, or use the measures proposed by rubbing tartar emetic ointment on the skin.

The mention of this mode leads

me to observe, that you see, in many instances of scrofula, the means which nature employs in the cure of such diseases. You often find that the scrofulous disease in one part ceases, and there is an appearance of the disease in another neighboring part. For example, a patient has strumous ophthalmia, and may be suffering much from it. An eruption, with discharge, will take place from the skin behind the ears, and then the eye will get well, and so the disease shifts from one part to another. Now, following this hint, you will find that the use of tartar emetic ointment rubbed on the skin may be advantageously employed; it produces a disease which will supersede that which has already existed, and it is a powerful means of relieving strumous ophthalmia, when it is applied behind the ears, or at the back of the neck: and I have heard of individuals who have employed it still more extensively. For example: for affections of the glands of the neck, they produce an eruption by rubbing tartar emetic on the arms; and, in case of its appearing lower on the body, they use it so as to produce a copious eruption on the thighs. This is an imitation of the process which nature herself employs in the cure of these affections.

II.

NITRATE OF POTASH IN SCURVY.

A SEVERE scorbutic affection broke out among the crew of a British transport ship, on her passage from Ireland to New South Wales, which threatened to destroy all on board. By the use of a solution of the nitrate of

potash, in vinegar, or in a mixture of vinegar and lemon juice, its progress was checked, and the crew safely landed at their place of destination. The disease assumed various forms, and gave a degree of uncommon severity and obstinacy to the dysenteries and other complaints which appeared among the convicts—the number of whom was no less than 216, and all in a state of debility from hard fare before, and hard weather after, their embarkation. The report of the naval Surgeon gives the following history of the mode of using this simple medicine, the effects of which are represented to have been almost miraculous:—

But I might add that the most distressing symptoms which my patients complained of, in the early stage—namely, a sense of “oppression and sinking at the pit of the stomach”—were almost invariably removed, or totally relieved, by a few doses of the medicine. The prisoners themselves were so sensible of its good effects, that I had, for the first time, an opportunity of seeing men crave for medicine, the taste of which was certainly not pleasant; and their complexions were so much improved under its use—changing from a sallow, bloated hue, sometimes approaching to livid, to a clear healthy color—that it became matter of surprise to every one.

The medicine was prepared, and exhibited in the following manner:—Eight ounces of nitre were dissolved in so much vinegar as would make the solution amount to sixty-four ounces. Sometimes equal parts of vinegar and lime-juice were used. A little sugar was generally added to render it

more palatable ; and about four drops of ol. menth. piperitæ, diffused in a small portion of alcohol, was added to the whole, which rendered it more grateful to the stomach.

One ounce of this solution was the dose, and was seldom exceeded. From three to eight doses, according to the stage of the disease and the severity of the symptoms, were given at equal intervals during the day, from six o'clock in the morning till eight at night. In general, when the disease was taken early, two or three doses a day, for a week or ten days, were sufficient ; but it appeared to me to be always better to commence with three or four doses, and increase the number gradually—daily, if necessary. In the advanced stages a much larger quantity may be taken, and is in fact required, than at the commencement of the disease ; but, although I have often given the solution to the extent of eight ounces daily, and on one or two occasions exceeded this quantity considerably, and have at the same time watched my patients very closely, I never observed any irritation of the stomach or bowels, or any other inconvenience which could be fairly attributed to it. It is nevertheless advisable to dilute each dose with two or three ounces of water, when exhibited. While the constitution is thus being corrected and improved, particular symptoms will require the usual attention.

It is perhaps proper to notice that, about two years ago, I had occasion to give a solution of nitre in water a fair trial in several bad cases of scurvy, where neither vinegar nor lime-juice could be

obtained ; and, except that sometimes it did not appear to me to sit so easy on the stomach, with the same good effects on the disease.

III.

POPULAR SUMMARY OF VACCINATION.

By J. MARSHALL, Esq. 8vo. pp. 85. 1830.

THIS work has not reached this country, though a notice of it has, in the *Medico-Chirurgical Review*, from which we copy the following extraordinary case :—

In August, 1829, a healthy sucking babe, six months old, was vaccinated, in fellowship with twelve other infants, from the vesicles of an eighth-day case : the latter number went through the relative degrees of vaccination in the usual style. On the eighth day, several of these were confronted with the phenomena of this unusual case. The mother stated that her child had an eruption, which came out the day before (seventh), and wished it to be examined. The patient had, from the effect of the operation, four vesicles on the right arm and three on the left, correct as to form and size, with a pearly hue, but the areola forwarder than is usual on the eighth day, exceeding an inch in diameter. The eruption appeared on the face, extending over the body, but thinly scattered, amounting to about fifty, mostly two or three inches asunder. Each eruptive pock bore a beautiful miniature resemblance, about half the size, to those on the arm effected by the operation ; the diameter of each eruptive vesicle exceeded the eighth of an inch, was circular,

indented in the centre, and elevated at the edges, the surface of a polished pearly lustre, and surrounded by a rose-colored pearly lustre, half an inch in diameter.

This eruption may be deemed to be *sui generis*, differing from all others, and by no means partaking of the varioliform type. The case is so extremely rare that no one, it is surmised, has met with its fellow : it yields an exception to a general rule ; is a departure from the usual law of the disease and the animal economy ; in nosology, from its rarity, it is incapable of classification, and can only be viewed as a capricious play of nature.

Mr. Marshall strongly recommends at least three punctures in each arm, and informs us that, "in almost every part of the united Empire, either a solitary vesicle, or only one in each arm, is formed." If this be the case, it is high time that medical practitioners should alter their practice. It may be owing to a want of lymph, that they confine themselves to such paucity of vesicles ! Re-vaccination is advised by Mr. Marshall. The extensive field which our author has had, as a public vaccinator, must have afforded him some novel materials, if such existed ; but we imagine the subject of vaccination is now completely exhausted, and that, if a Mosely were to rise from the grave, he would not be able to invest it with a single new attribute.

IV.

MODE IN WHICH THE POISON OF LEAD IS CONVEYED INTO THE SYSTEM.

It was stated by Dr. Thompson, at a late meeting of the West-

minster Medical Society, that, from a number of experiments and observations, he had been satisfied that none of the salts of lead are poisonous but the *carbonate* ; and that where mischief had resulted from the use of the acetate or subacetate, the cause was the conversion of these into the carbonate.—When exposed to the action of the air or of pure water, lead, as every one knows, becomes tarnished. This tarnish is not an oxydation, but the formation of a thin crust of the carbonate which is formed on the lead ; and if this crust be scraped off and mixed with acetic acid, brisk fermentation accompanies its solution.

In view of these facts, we should caution the public against the use of lead pipes to conduct soft water which is to be subsequently conveyed into the human stomach ; and much care should be used in avoiding, for culinary purposes, rain or snow water which has passed over roofs or spouts lined with lead. Rain, snow, or spring water are mentioned ; for it has been ascertained by Dr. Christison, that the presence of neutral salts and other foreign ingredients held in solution by water, impairs its power of thus acting on the lead ; and this is the reason why soda water, passing through pipes of this material, is so seldom poisonous. This caution is particularly necessary for persons who reside at a distance from the seaboard, and particularly in sandy regions, where most of the water used in cooking &c. is comparatively destitute of these ingredients. As for Boston, there can be little apprehension on this score ; we can truly say as Dr. Johnson,

when treating of the same subject, says of London, "if purity of water be a dangerous property, this metropolis is as secure as if the inhabitants drank nothing but nectar."

BOSTON, TUESDAY, APRIL 20, 1830.

M. GIROU'S NEW THEORY OF GENERATION.

PURSUING his experiments among a different class of animals, M. Girou made similar arrangements in his poultry yard to those which he had carried into effect among his flock. The result of the first, in which the preponderance of maturity and vigor were on the side of the female parent (the hen), was 725 males and 1000 females; while in the second, the conditions of which were reversed, the result was 1415 males and 100 females.

A similar law is stated to obtain in regard to insects. If the working bees, in the state of larvæ, receive abundant nourishment and afterward become pregnant, they produce males and females indifferently; but when their growth is impeded, they continue small, and bring forth only males.

Lastly, M. Girou endeavored to ascertain whether anything analogous to the operation of a similar principle was to be found in vegetables. After various abortive attempts, he at length succeeded in submitting to a fair trial twenty-five *pieds* of hemp, among which the proportion of males to females was found to be as follows:—In the products derived from the slender plants, 692:1000; in those obtained from strong plants, 907:1000.

Having thus gone through with

those orders of organized beings which he was able to submit to direct experiment, M. Girou turned his attention to obtaining, from authentic documents, evidence of the state of the fact in regard to the human race. Having ascertained that the mean proportion of males to females, throughout the kingdom of France, was 937:1000 in the married state, and 955:1000 in the unmarried, he comprehended all the departments in the four following classes:—

1. Those in which the number of female births is above the mean, both in and out of wedlock. This state of things was furnished by those provinces which contain large cities, and which are particularly opulent.

2. Those in which the female sex is equal or superior to the mean in the lawful births, and less in the illegitimate. This was the case in those districts where manufactures or pasturage took the place of husbandry. The first fact is attributed, by M. Girou, to the debilitating effect of manufactures upon the constitution, which, among married persons, falls principally upon males. With regard to the second, it is to be observed, that many of the towns in these departments are maritime, and many others garrisoned; so that a large proportion of this illegal progeny may fairly be attributed to

sailors and soldiers. This idea is confirmed by the returns of a particular province, in which, while garrisoned by troops, which it continued to be for some time, the proportion of females to males, born "hors mariage," was 733 : 1000 ; but, after these were withdrawn, while the whole number of illegitimate births was reduced by one third, the proportion of females furnished by them was 928 : 1000.

The third class includes those departments in which the female sex is equal or inferior in the lawful births, and superior in the unlawful. This class is constituted mainly by those districts which present the two extremes of fertility and barrenness. The author finds no difficulty in reconciling this fact to his favorite theory. In the infertile districts, he supposes the robust part of the population to be continually emigrating ; and the weaker portion, who remain, to exert only a secondary influence on their offspring. In the rich provinces, on the contrary, the robust, among the males, carry all the advantage of their vigorous constitution into the married state ; while the feeble, unable to undertake the charge of a family, form irregular connections, and have, for the most part, a female progeny.

The fourth class—that in which the male sex predominates in both kinds of births—is furnished principally by the mountainous departments, by those of the frontiers, and by those which contain a large number of small freeholders. The first and last of these circumstances is known to be favorable to the deve-

lopment of physical force and of mental activity. The frontier towns, as has been mentioned, are, for the most part, garrisoned ; and hence their population may be considered as under *military influence*.

We have thus far followed M. Girou in his argument, reserving such observations as occurred to ourselves on the subject until this was concluded. As respects the inferior animals, the facts adduced by him, though not conclusive in favor of his hypothesis, certainly render it very plausible, and highly worthy of the attention of persons elsewhere engaged in similar occupations, to whom it may prove both instructive and profitable to pursue the investigation. Of its applicability to the human race, however, we are more doubtful. We are by no means confident that the production of the respective sexes is governed by any purely physical law ; and if there be any such, we think it still remains to be discovered. According to M. Girou's view, it would happen, were any country to be drained of its vigorous male population for the maintenance of a war on its frontiers or abroad, that the population produced by those who remained would be almost exclusively female. Such a consequence is not only at variance with that moral government which we find to be everywhere meeting physical evils with their appropriate remedy, but we believe that it is also contrary to the fact ; since various periods in modern history have occurred, when, if real, it could not fail to have been remarked.—Farther, M. Girou himself confesses that

historical records are not in his favor. Most of the personages whose talents, bravery, and energy of character, have gained them a place in these annals, are known to have had more daughters than sons;—among these may be found the names of Peter the Great, of Charlemagne, and of Cromwell. On the other hand, a majority of males is known to have resulted, in many instances, from the union of remarkable women with men of a peculiarly mild and peaceful disposition. We cannot, however, wonder that M. Girou should have sought eagerly to explain away these difficulties. Nothing is easier than to substitute analogy for stronger grounds of argument, and scarce any influence more difficult to resist than that of a new and favorite hypothesis.

Note.—In examining the article on this subject in our last paper, we find two important errors of the press, which were allowed to escape us, and which we must request our readers to correct for themselves. The first occurs p. 149, col. 1, l. 2, where, for *male*, read *female*; the second on same page, col. 2, l. 35 and 36, where, for 13 *males* and 2 *females*, read 13 *females* and 2 *males*.

PEIXOTTO'S GREGORY.

AN edition of that well known and very excellent work, Gregory's Elements of the Theory and Practice of Physic, has been recently issued from the New York press. It is from the third London edition, and published under the direction of the able Editor of the N. Y. Medical and Physical Journal, who has enriched the work with copious notes that render it more complete as a

system of medicine, and particularly valuable to the American student. In addition to all this, the volume contains, in about fifty pages, the celebrated propositions in medicine of M. Broussais, whose opinions and mode—for we cannot say modes—of practice have received a large share of attention from our transatlantic brethren. It is obviously impossible to give, in a single article, any definite idea of the 468 distinct propositions of this great gastro-enteritic champion; but no one who pretends to any share of medical literature should be ignorant of them,—and we are happy, therefore, to find them placed, by Dr. Peixotto, where they will probably find their way to a large proportion of the American Faculty.

LEGAL RECOVERY OF FEES.

IT is probably well known to most of our readers, that there is in England a class of persons who are in the habit of waiting on the sick at their houses, and dealing out such medicines as in their judgment the nature of the case may require. These "general practitioners," as they are called, thus exercise the functions of both Apothecary and Physician, and have been in the habit of requiring no other compensation for their services than the profits they might make on the medicines prescribed.

Mr. James Handey, a respectable gentleman of this class, after having attended the family of a Mr. Henson, an attorney of London, made the charge of 1*l.* 15*s.* 6*d.* for medicine, and 5*l.* 5*s.* for *attendance* (being at

the rate of 7s. 6d. a visit), and sent in his bill. The attorney refusing to pay the charge for *attendance*, Mr. Handey brought an action for its recovery, which was confidently defended by the attorney. After the defence was concluded, the Lord Chief Justice, in his address to the jury, observed, "There does not seem to be much dispute as to the charge for the medicines, but for the visits, and of these, it is said, there is no proof; but I cannot see how a medical man is to prove these attendances. It may be said that when he makes them, he has his servant behind his carriage or with him, but what can that servant prove? The opposing counsel says that the persons in the house of the patient might have been called to prove the attendances; but how are they to be got at, or how are their names to be obtained? I cannot see, if a medical gentleman pursues the same honorable plan which this gentleman has done, *of not sending in large and useless quantities of medicine*, how he is to be remunerated, but by being paid for his attendances."

The jury, after a minute's consideration, returned a verdict for the plaintiff, to the full amount of his bill, and the costs of court,—thus authorising a general practitioner to charge for his *attendance* as well as medicine, and showing it unnecessary for him to offer any other proof of his visits, than his own books in which those visits are charged.

The result of this suit has produced a great excitement among the English Faculty. It is hailed as a new era for the profession,—as ele-

vating it to a much higher rank than it could ever have attained under the ancient usage. Mr. Handey, who has had the magnanimity and courage thus to step over the bounds of long-established custom, and the good fortune to obtain a judicial sanction to this proceeding, is lauded by his brethren in terms of no measured commendation, and votes of thanks and dinners of triumph are flowing in upon him from his brethren, with almost unexampled rapidity. We do not learn that any such rewards of his magnanimity were offered at the time the suit was commenced, or during its progress; and had he failed of success, few, we fear, would have offered even to share with him the costs of court, though the virtue of his deed would have been the same as now.

With respect to the policy or even propriety of evincing such marks of triumph, there is much to sustain our doubts; it would surely have comported better with the dignity of the profession to have received this decision with a more quiet joy,—to have exhibited publicly a less degree of exhilaration, than has been actually displayed. In commenting on the proceedings referred to, the Editor of the Medical Gazette very sagely remarks—"To make this an occasion of public triumph, and to get up a dinner at the Freemason's Tavern to celebrate it, can serve no purpose except that of putting money into Mr. Cuff's pocket, and keeping it out of the pockets of those who go there; for John Bull, who already views the decision as an advantage gained over him by the general prac-

tioner, will be induced, by all this appearance of exultation, to think twice before he either swallows his physic or takes his advice."

SUCCESSIVE ABOLITION OF THE SENSES.

THE surprising extent to which, when any one of the senses is lost, those which remain are improved and rendered more acute, has been often remarked; but we know not that we have seen this principle of our constitution more strikingly manifested, than in a case reported in one of the French journals. A gentleman, whose habits in youth had been somewhat dissipated, but who, at the period referred to, was in middle life, and the father of a family, was attacked with amaurosis, which, notwithstanding the employment of numerous remedies, continued increasing till he became entirely blind. He was at this time engaged in the duties of an office which obliged him to receive and attend to a considerable correspondence. This office he retained, notwithstanding his loss of sight; he continued to receive communications as usual, and after he was made acquainted with their contents, he had them filed, and so placed with reference to the subject-matter, and the dates, that he was able to recur afterward, unassisted, to any one which it was necessary to examine. In the mean time, his sense of touch acquired so great delicacy, that he was able to recognise the volumes of which his library consisted, and to determine, by passing his finger over the engravings, whether they were of wood or of

copper, and if the latter, the particular variety. Some years after this, his hearing began to fail, and at length he became totally deaf. Deprived, in this manner, of two senses, he still continued to keep up an intercourse with those who surrounded him. Letters were cut out in relief, of which those who wished to speak to him formed sentences, which he read by means of touch. His memory remained remarkably good, and he would often talk with great animation to those who visited him. In this state he remained a considerable time; after which, symptoms of paralysis began to manifest themselves. These progressively increased till he lost all sensibility and all power of voluntary motion. The only traces of muscular power which remained, were to be found in his voice, which continued articulate and distinct, and in his deglutition, which was unimpaired. By mere accident, it was also discovered that the sensibility of one cheek still remained. This suggested to him the ingenious expedient of having the letters of the sentence which was addressed to him traced with the finger upon his face. When a word was completed, he would pronounce it, to ascertain that he understood it rightly. After the first attempts of this sort, he acquired extraordinary quickness in comprehending what was intended, so that it was only necessary to trace a few words, before he understood and answered the whole. One of his sons had the perseverance to communicate to him a long political document, in which he was interested, wholly in this mode. He was not destined,

however, long to survive the dissolution of so many of the ties which bound him to society: his spirits became depressed and his temper irascible, and he soon fell a victim to these complicated sufferings.

SARSAPARILLA.

WE mentioned, in a former number, some remarks on this article by Dr. Hancock, of Demerara, which went to show that much of the disappointment which has been experienced in regard to its effects, has arisen from the employment of some inert specimen, or from an erroneous mode of preparing it. When these circumstances are attended to, it is found an active and valuable remedy. The following is given as an improved mode of preparing the jeirave, or diet drink, which derives its principal efficacy from this root.

- R. Río Negro Sarsa. bruised, lb. ij.
 Pulv. cort. guaici, ʒ viij.
 Ligni guaiac. rasí,
 Sem. anís.,
 Rad. glycyrrh. āā ʒ iv.
 Cort. rad. mezereon, ʒ ij.
 Treacle, lb. ij.
 Caryophyl contus no. xij. M.

Pour upon these ingredients four gallons of boiling water, and shake the vessel thrice a day. When a fermentation has well begun, it is fit for use, and may be taken in the dose of a small tumblerful twice or thrice a day. In cases of old and obstinate complaints, such as leprous affections, elephantiasis, various anomalous ulcerations and foul disorders of the skin, the following articles were added to the mixture:—

- R. Ant. tart. gr. xij.
 Oxym. hyd. gr. viij—x.
 Ammon. mur. ʒi. M.

These three articles, being dissolved in a little water, are to be thrown into the jug when the infusion has begun to ferment, and not before, as they would prevent the fermentation taking place. The addition of these active ingredients not only greatly enhances the alterative power of the vegetable infusion, but at the same time so effectually prevents its decomposition, that it will remain for a long time unaltered, even in hot climates.

PROGRESS OF PHRENOLOGY.

IT is amusing to trace back the gradual progress made by new discoveries in science towards general adoption. In the year 1815, the first English exposition of Phrenology was published by Dr. Spurzheim, and universally ridiculed both by the multitude and by men of scientific repute—the medical profession, perhaps, exceeding all others in their decided hostility to it. In 1820, so many converts to this new science had been made, that a Phrenological Society was established in Edinburgh, which also was the subject of no little hostility, ridicule and abuse. In 1825, London, Calcutta, Washington, and some half-dozen English and Scotch provincial towns, had imitated the example of Edinburgh; and, by this time, with the exception of the third and last attempt at opposition by the Edinburgh Review, men of scientific and literary celebrity had, in general, ceased to write against, though not to sneer at, the discoveries of Gall and Spurzheim. Another period of five years is now nearly completed, and we find, in Great Britain alone, upwards of twenty societies exclusively devoted to phrenological inquiry—a number which, perhaps, no other single and isolated branch of science can boast. Hitherto the medical professors of Edinburgh have been silent or sar-

castic on this subject; but in the present year, one of our medical lecturers (Dr. Mackintosh), who deservedly ranks among the first of his profession here, has, in his course of lectures for the present college session, not only declared his conviction of the correctness of the phrenological system, but has requested Mr. Coombe, of phrenological celebrity, to lecture in his stead during three days, in order to show to his class the important advantages afforded by Phrenology to the science of medicine; assuring the members of his class, that what he had scarcely arrived at, after many years of practice, in different climates, joined with reading, Phrenology could give them in a few months study of it; and so clear and so certain were its principles, that, if he had the misfortune to be afflicted with insanity or any other of the numerous diseases of the brain, he would rather trust himself to the care of Mr. Coombe, though not a member of the medical profession, than to the first physicians of Edinburgh, if ignorant of Phrenology. In this, Dr. Mackintosh is by no means singular; for, among the juniors of his profession, the study of this science is beginning to be sedulously cultivated, on account of its extreme importance in diseases of the brain and nerves; and even the older practitioners, to whom new discoveries and opinions are generally unpalatable, have almost ceased to oppose Phrenology openly. In the short period of fifteen years since its first introduction to the British metropolis, this science

has gained over to it hundreds, or rather thousands of supporters, notwithstanding that it was then opposed and ridiculed by several of the first men in literature and science; and so confident are its advocates both of its utility and its rapidly increasing progress, that many of them anticipate another period of fifteen years rendering the appellations of *anti-phrenologist* and *old woman* synonymous and equally convertible terms for expressing folly and contempt.—*Edinburgh paper.*

Poisoning from the Domestic Spider.—Dr. Weber, of Bouxvillers, gives the following account of this occurrence. A lady, who suffered from toothach, was in the habit of using, as a remedy, a kind of plaster, made of equal parts of the crowned spider (*arenea diadema*) and treacle, which she placed in the hand opposite to the side on which she had pain. On one occasion, this lady having an attack of toothach, sent for some spiders, as usual; but instead of these the domestic spider (*araneca domestica*) was brought. They were applied in the customary manner, and allowed to remain some hours beyond the wonted period (ten to twelve hours), when the hand, forearm, and lower half of the arm became swollen and extremely painful, of dark yellowish color, and covered with a multitude of vesicles, accompanied by fever and anxiety. These symptoms continued for six weeks, and were at last removed by calomel pushed till it produced salivation.—*La Clinique.*

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING APRIL 2.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
March 26.	F.	2 1-2 y	worms		M.	24 yrs	consumption
	F.	4	dropsy on the head		M.	30	convulsions
	F.	45	unknown	30.	M.	15 mo	unknown
27.	M.	56	palsy		F.	43 yrs	canker in the throat
28.	M.	50	fever		F.	10 mo	lung fever
	F.	18 mo	dropsy on the brain	April 1.	M.	59 yrs	fever
	M.	19 yrs	bilious fever		F.	52	dropsy
	M.	20 mo	dropsy on the brain	2.	M.	81	old age
29.	M.	4	convulsions		M.	47	consumption

Males, 11,—Females, 7. Total, 18.

ADVERTISEMENTS.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

MEMORIA MEDICA.

THIS day published by CARTER & HENDEE, corner of Washington and School Streets, Memoria Medica,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "Memoria Medica" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-

place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.
Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by J. D. Fisher, M.D. This day published and for sale by CARTER & HENDEE, cor. of Washington and School sts. Price 62 1-2 cts.

Jan 26.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, APRIL 27, 1830.

[No. 11.]

I.

ON MEDICAL LITERATURE AND EDUCATION.

Non frons percussa ? non femur ? pedum
nulla suppositio ?—*Quint. lib. xi. cap. 3.*

A WRITER in a highly respectable work, published at Edinburgh, indulges in some caustic remarks on the state of medical literature and medical education in Scotland. The most sarcastic of these remarks, although well seasoned with attic salt, can scarcely be agreeable to a professional palate; but others which are more mild, and may prove more useful, are worthy the perusal of the medical reader.

In an age, he remarks, when so much has been done for the advancement of the Arts and Sciences, when old-clothes-men profess themselves Utilitarians, and coffee-grinders write historical accounts of "Mocha's sober berry," it is deplorable to think that medical literature still retains the features of semi-barbarity which characterized it under the dynasty of the Barber-Surgeons. Its only change, since the days of the painted pole, consists in its having discarded all belief in Alchemical and Astrological mysticism. We say this, like the ghost of Hamlet's father, "more in sorrow than in anger;" but alas! the truth is too glaring to be overlooked;—it stares us in the face from Dan to Beersheba;

and, while our law commentaries, and volumes of pulpit instruction, manifest, in their composition, such a general spirit of improvement, and seem determined to keep pace with the enlightenment of that age, for which Mr. Brougham's schoolmaster has done so much, our medical treatises are still deformed by that quackery in disguise, as to matter, and that unclassical coarseness as to manner, which evince a radical defect somewhere.

After a very little probing, *secundum artem*, it appears to us pretty evident that the root of the malady lies in the deficiency of a preparatory classical education. We have no great faith in Dr. Spurzheim's mental manifestations; but surely thirteen, or even fourteen, is by much too early an age for the commencement of a medical apprenticeship. Because, in the first place, the character is not then marked by the tendencies and peculiarities which are to distinguish it through after life; and, in the second place, because no preliminary education can be considered as perfected by that time. Shakspeare's "little Latin and less Greek," is consequently the portion of nineteen-twentieths of the young men, who, after three or four seasons dedicated to the manipulation of pills, the labeling of potions, the portorage of packages, and the oxidation of quicksilver, now and then varied by the

phlebotomization of paupers, and the bungling extraction of decayed masticators, present themselves for matriculation at College, for the purpose of qualifying themselves for a diploma, to legalize their sporting with the lives of his Majesty's loyal and unlucky subjects.

We are quite aware that certain recent enactments fix the term of study, and that it is protracted or shortened according to particular circumstances. Were this not the case, precocity would have even greater room for triumph than it now possesses. As it is, the spirit of adventure has "ample room and verge enough;" for, in all conscience, eighteen is an early enough age to let loose a diplomaed Æsculapian on society, with powers to have Messrs. John Bull, Alexander Tartan, and Paddy Whack, under the lancet, before his own chin is under the razor.

It is not enough to *recommend* medical practitioners in the country to *encourage* the young men apprenticed with them to prosecute the study of the Latin, Greek and modern languages, together with the elements of the Mathematics and Natural Philosophy, as a step preparatory to their entering college. Surgeons, both in town and country, have something to do with their apprentices, more nearly allied to their own selfish interests than the furtherance of their classical studies, which the young men themselves regard in rather the light of a troublesome humbug; so, between the two, Cæsar and Cicero are left to quiet repose on their shelves, and Gregory's *Conspæctus*, for aught they know, may be purer in its Latinity than the *Opera Celsi*.

Until within two or three years back, a medical student in Scot-

land, so far as regarded his presence at class, had not a single tie upon him; and everything was left to his own sense of propriety—often latitudinarian enough. Only two things were incumbent upon him—to register himself in the College Album, and to fee his teachers. His attendance on lecture, nay, even his residence in Edinburgh, was a matter left entirely to his own free will. His attention to his studies, or progress in them, were matters of as mere chance as the stable-yard game of pitch and toss. Freed from all domestic trammels, and from the scowl of the rustic pettifogger, under whose tuition he had learned the art of manufacturing pitch-plasters, and cauterizing spavined coal-heavers, the young disciple of the Hippocratic art finds himself, as it were, fallen from the clouds in the streets of Edinburgh; his senses bewildered with novelty, and his eyes dazzled like those of Aladdin in the Arabian tale. It is not easy to conceive what imaginations run in the young fellow's head. But yesterday he was an apprentice boy, and now he is a denizen of the Royal College of James the Sixth: he considers himself a sort of Gregory in embryo. As to study, nobody cares about study during the first session; there will be time enough for that sort of thing afterwards—and, to his gratified astonishment, he finds that there is literally no embargo on his hours at all.

How then does the professional descendant of Fabricius de Aquapendente conduct himself? Why, exactly as might be expected by any one who is not an Utopian, or a believer in the doctrines of human perfectibility. He attends a few mornings on the *Materia Medica*

lectures, which he soon takes it into his sapient head he quite knows already, from his three years' operative experience in Dr. Colocynth's laboratory. Besides, no one, without absolute compulsion, would ever dream of floundering through the sleet and snow to a lecture room, on a cold dark morning in the dead of winter. It will be time enough to venture abroad after breakfast, and then comes the chemistry.

The science of Lavoisier and Sir Humphry Davy presents something more attractive. Young Hopeful, accordingly, sets to work, tooth and nail. He reads voraciously,—comprehends—or thinks he does so—all about the alkalies, and caloric, and the atomic theory, and not only sees, but repeats a multitude of experiments, to the endangerment of his landlady, and her numerous progeny of helpless children; all of whom run the risk of being exploded through the roof by the unexpected bursting of retorts, or the equally unexpected combustion of hydrogen. Electrical machines and Galvanic troughs are sad affairs; but fulminating silver is the devil itself, and sometimes unaccountably takes it into its head to go off without the slightest forewarning.

Our protégé then tries anatomy, only to find the albinuses and campers repulsive fellows, and osteology as dry as an old maid of seventy. Besides, what need of hearing a musty harangue over a putrid carcase? All the anatomical works have plates remarkably like nature, and much more pleasant than the disenhumed reality.—Being now one of the initiated, he however finds it incumbent upon him to scout popular prejudices; defends science and the resurrec-

tionists, and waxeth eloquent on the persecutions of Dr. Knox.

The result of all this is, that, in the course of a month or six weeks, our friend's appearances at lecture are "like angel visits, few and far between;" and ere another moon wane her horns, he has heroically cut the whole concern, as a bore of the first magnitude. He finds something infinitely more diverting in the billiard room in Infirmary Street, and the meetings of the Six Feet Club in Bruntfield Links. The diorama of Holyrood Chapel is a delightful spectacle; so is the comic opera of Burke and Hare. What is Dr. Duncan to Madame Vestris or Miss Paton? Dr. Hope could not hold a candle either to the Indian Jugglers or Monsieur Chabert: Dr. Alibert must succumb to Francalanza, inasmuch as the theory of physic is inferior, in chivalric spirit, to the practice of fencing; nor has the dismemberment of a rotten subject at Dr. Monro's, any chance with the savory dissection of a stubble goose at Ambrose's Hotel, Picardy Place.

However overcharged such a picture may seem, we suspect it is nearer the truth with a large proportion of the young gentlemen who come to Edinburgh with the ostensible purpose of studying physic, than will be readily believed by the unmedical world, or their friends in the country. We are convinced that such is the fact, and we know it to be so. But, allowing that in the tenth instance it is otherwise, wherein consists the cause of this phoenix being distinguished from the *profanum vulgus*? We have only to look for it in one of two things. It must either have fallen to his lot to have fortunately brought to his medical

studies that necessary degree of preliminary classical education which we have recommended, or he must be a person of strong, uncultivated talent, spurred into exertion by the multiplicity of channels for speculation, which the different professorships open up to his distracted attention. With the one it fares well, so far as his moral principles and religious belief are concerned. In the subjects treated of as matters of scientific speculation, and in the examination of the structure of the human body, he beholds only a wonderful adaptation of means to ends in the scheme of an allwise Providence. With the other, the reverse of all this is but unhappily too likely to occur. His mind possesses more vigor than discrimination, a greater zeal after truth than philosophical acumen in discovering it. He reads and thinks, till he gradually bewilders his judgment, and loses the power of discriminating the specious from the real. The groundwork of the science he is studying, he soon finds to resemble Milton's chaos, in being "a maze without a plan." One age has only pulled down one theory to set up another, whose duration proved not a whit more permanent; desperate efforts are made to throw light on mysteries, which appear inscrutable as the liability (and only once) of the human body to variola, the extension of particular fevers to particular days, and mental hallucination without vascular excitement or organic derangement. His thoughts are at length tossed on a shoreless sea of doubt, and this sceptical disposition extends itself over every subject of contemplation, till our Sadducee

comes in the end, like Bishop Berkeley, to be uncertain as to the reality of matter, or personal identity, or existence. The consummation of this miserable delusion is effected by the study of practical anatomy. There all his principles are unsettled, and probably upset forever. In the decay of the material frame he thinks that he beholds the utter extinction of man, whose moral and intellectual endowments he has come to regard only as the result of material organization. Fatalism, in all its gloom, takes possession of his mind; and he has the hardihood to declare in words what Lawrence has promulgated in writing.

If he escapes this abyss—the most awful which can engulf the sentiments of a human being—he is in danger of imbibing opinions forever derogatory to the character of the profession he is destined to follow through life. From the chaotic state of disorder in which the principles and practice of the healing art are still taught, he soon finds that what one lauds as the essence of truth, the other derides as the height of nonsense; and that every individual physician of eminence has his favorite nostrums and panaceas, which he is apt to lug in on all occasions. One lecturer, a far way, perhaps, declined into the vale of years, has still a lingering hankering after Boerhaave, and the doctrines of the humoral pathology: a second sees a great deal to admire in excitability, brandy, and Dr. Brown: while a third is all for Cullen, spasm of the extreme vessels, and starvation. Yesterday he was told that, in mercury and its chemical combinations, may be found specifics

for all the diseases that eloped from Pandora's box ; and to-day he learns, from perhaps the same authority, that half the ailments afflicting modern society arise from their indiscriminate administration. Of the eternal jargon about the identity of smallpox, chickenpox, swinepox, hornpox, crystalpox, pearlpox, and all the rest of the poxes and hoaxes, he is condemned to swallow dose after dose, day after day, *usque ad nauseam*, only to find "confusion worse confounded." One swears by the galenicals,—gamboge is worth gold, and gentian worth the fine gold. Another is as exclusively attached to the chemicals,—in the sulphate of iron he beholds a specific for tic douloureux, and, in iodine, for scrofula. This proves, beyond the cavil of a doubt, the propriety of bloodletting in fevers ; that decries it as somewhat little short of downright murder. The plague has been proved to be not infectious ;—nay, even the circulation of the blood is, in the thirtieth year of the nineteenth century, stoutly denied as heterodox, by a surgeon in Perthshire !

Any one, with eyesight clearer than the mole, must perceive that there is something fundamentally, radically, wrong in all this. The experience of a long-linked succession of ages, from the days of Machaon and Podalirius to our own,—the recorded observations of Hippocrates and the Greeks—of Celsus and the Latins—of Avicenna and the Arabians—together with the thousand and one tomes of their mongrel modern descendants, who, under the title of Physicians and Barber-Chirurgeons, have bled and blistered mankind, from Roger Bacon to

Mathew Baillie,—ought to have led to a very different result. So Cretan-like is the labyrinth of absurdity which staggers us in the contemplation of the history of the healing art, that one would be almost led to suspect that it is incapable of settled principles. This is not, however, the case ; and we must look for the cause of a deplorable fact in medical men themselves, and not in the nature of their calling. Diseases remain specifically and intrinsically the same ; only the self-will of every generation of *Æsculapians* goads them on to the independency of looking upon them with different optics. It is true that a few anomalies have occurred in the instances of smallpox, lues, and the sweating sickness, being unknown, or at least not having been described by the ancients ; yet these are but drops in the bucket ; and the cases of Hippocrates may, from his accurate enumeration of their symptoms, be readily arranged under their distinctive heads in the nosologies of Sauvages or Cullen.

There has been a lack of master-minds. Of materials we have abundant measure, heaped up, and flowing over. There are lots of bulky authors, like Dioscorides and Van Swieten, and libraries are piled up with the transactions of medical societies. But, unfortunately, the healing art is, of all others, the least compatible with genius, and hence we have been much more solidly indebted to the plodding observations of the Boerhaaves, Morgagnis and Sydenhams, than to the more speculative doctrines of Beddoes and Darwin. The art is entirely a practical art. Its principles, were they properly laid down,

might be acquired by reading ; but they cannot be safely acted upon without much actual initiatory observation. To be really understood and comprehended, it must be practised ; and the entirely practical man is not the person capable of systematizing. We might as well expect the design of another Parthenon from the stone-mason who excels his fellows in the use of the chisel and mallet.

Before the days of Cullen, whose fine intellect towered above the dead level of absurd mediocrity, medical science was a palpable illustration of Ovid's *rudaque indigesta moles*. From the myriads of volumes which had been bequeathed as the results of precious experience, no general rules could be drawn. Each author maintained doctrines as adverse as the theories of Sir Isaac Newton to those of Sir Richard Phillips, or as the practice of the Anthropophagi to the precepts of Pythagoras. Although the hodge-podge was well stirred about with the stick of scholarship, crudities formed the dregs, pride and prejudice formed the scum, and mysteries and mysticisms floated through the mess, as thick as raisins in a Scottish peasant's bridal broth. It remained for him to achieve for medicine, what Sir William Blackstone did for English jurisprudence. He picked the few grains of wheat from a mountain of chaff, which he scattered to the winds.

Not long afterwards, John Hunter exerted his enthusiastic mind in elucidating the doctrines of surgery. But he wanted the accurate taste and philosophical perception which characterized

the author of "The First Lines of the Practice of Physic ;" so, while in reading his works we every now and then stumble on some striking observation, which seems to say "*ex pede Hercules*," we are much more often forced to sigh over unfounded and flimsy speculations, which, while they show how thorny is the way, at the same time proclaim how unsafe is the guide. His eagerness for inquiry often led him beyond the limits of fact ; and he lost himself in the clouds. His deservedly high character created for him a host of followers, many of whom, from their incapacity to discriminate between philosophy and sophisms, swore by him through thick and thin ; and we doubt not, that, even at this hour of the day, his favorite doctrine of the vitality of the blood would be stickled for to their last breath, by some adventurous lancet-brandishers between Caithness and Cornwall. So dangerous become the most puerile follies, when supported by the magic of a great name !

All true medical science must necessarily be founded on physiology, or a knowledge of the functions of organic structure. Now, at the present day, we know little or nothing of the true doctrines of physiology. A great many things have been assumed as truths, and passed current even for ages as such, which, when philosophically examined into, have proved as illusory as the aurora borealis. Cardan's little devil in the stomach has proved to be as near the fact, in accounting for digestion, as the long-assumed doctrine of trituration. Whytt and Portfield set the example of true scientific investigation, and were followed, in our own day, by Dr.

John Gordon, the prince of physiologists, who, while laying the foundation of a glorious superstructure, to the everlasting loss of medicine perished in the bright noon of his exertions. Gordon was the man who was to have created a new era in the healing art. He had devoted years of laborious investigation to the end of establishing or disproving the current doctrines; and, having cleared away the mountain of rubbish accumulated by time, he had commenced his system. Little more than the outlines were formed, but these are invaluable, and will remain as guides to future inquirers. He possessed a fine philosophical genius, and drew his inferences from that extensive circle of information which a knowledge of modern languages affords. He was thoroughly acquainted with the writings and discoveries of the great existing physicians of Italy, Germany and France; besides which, he had the eye to observe, the science to investigate, and the capacity to generalize. With that leniency in exposing the fallacious doctrines of others which a benignant heart dictated, his scrutinizing intellect was unsatisfied with everything which could not be unequivocally proved. He has as yet found no successor; but we trust the day is not far distant when the subject will be prosecuted in the philosophical spirit of which he has set such a beautiful example.

The only true great medical work which modern times has produced, is "the Study of Medicine," by Dr. Mason Good. In him, too, were met the two grand requisites of classical attainments and practical know-

ledge. His book is one of the most gigantic ever bequeathed to the world by the industry of one man, and it is one of the best. Whatever may be thought of his Nosology, which we allow to be over-informed with etymological niceties and jaw-breaking compounds—for which, Hebrew, Arabic and Greek are, in their turns, made to suffer martyrdom—we have, from the day of its publication, regarded his systematic work with feelings of the highest admiration. It comprehends by far the most complete and the most correct view of medical science anywhere to be met with; is full of ingenuity and research, and is destined, we have no doubt, of recording, to the latest posterity, the state in which medicine existed in the nineteenth century. In every page we discern the scholar and the philosopher; erudition and research go hand in hand with taste; and the reader is delighted to find that the most important knowledge, regarding the theory and practice of physic, can be conveyed in a way capable even of engaging his attention, by its classical elegance. In every point of view, we regard it as the student's best manual; and we pledge our credit, that the months and years devoted to its examination will be looked back upon, in after life, as by no means those that have been the least conducive to profit and improvement.

As we never gather pine-apples from bramble-bushes, nor figs from thistles, so it would be equally absurd to expect a well-written medical work from the practitioner who has occasional doubts as to the spelling of his own name, and whose language as much resembles Sanscrit as Eng-

lish. No, no. *Ex nihilo nihil fit.* Philosophical reasoning is the produce of philosophical habits of thinking,—cool, clear, dispassionate, and freed from all predilections and prejudices. Since the creation of Adam, no classically-written book was ever given to the world save by a classically educated person; or ever shall be, till the extinction of Omegarius.

That medical literature is in a disgraceful state, there can be no doubt; and we believe this to originate in the lack of that preparatory classical education which is essentially necessary not only to give the mind its polish, but even to just habits of thinking. Nothing must be left to chance, or to a vague sense of propriety. Until regulations to enforce attention to this subject are enacted, it will be in vain to look for any general improvement. The error must be rectified at its fountain-head, ere a higher tone can be given to medical writings. Let every young man be obliged to give proofs of his scholarship ere he be admitted as a professional student. When he has matriculated, let him first be taught the philosophical principles of his art, ere he loses his powers of discrimination in the confusion of practice; and it requires not the powers of a sybil to predict, that when a better preparation is prescribed, a happier consummation will be arrived at.

II.

RELIGIOUS RITES OF BODIES DESIGNED FOR DISSECTION.

WHEN Mr. Abernethy delivered his Hunterian Oration at the College of Surgeons, he noticed one

objection, which is sometimes uttered by most respectable individuals, that the deaths of dissected persons would be unhallowed by any religious ceremony. It would have been a difficult topic in any other hands than those of this great lecturer; but he answered the scruple by remarking, that the burial service might be read over them *before* dissection, substituting for the passage “we therefore commit his body to the ground,” some expression appropriate to its peculiar destination (as is the custom on the continent), signifying that a knowledge of the internal form of the human body is necessary for the cure of diseases and useful for religious instruction, as disclosing the most wonderful examples of divine wisdom and power; that, as this knowledge can be gained only by dissection, and, as in the present case, dissection can give pain neither to the body (for it is senseless) nor to relations, for there are none to grieve over it; for these reasons, that is consigned to the inquiries of the learned, which would otherwise have been food for worms.

III.

To the Editor of the Boston Medical and Surgical Journal.

Hampton, Con., April 10, 1830.

SIR,—Having lately met with a singular case, I have thought proper to send it to you for insertion in your useful periodical, should you think proper. Want of time prevents my putting it in better shape, and I must leave it for your better skill and judgment to prepare for the press, if you

judge the facts worth presenting to the public.*

Mrs. —, being advanced about three months in gestation, was suddenly surprised by a large dog seizing a kitten by the top of the head, and crushing it with his teeth. The kitten's eyes were pushed from their sockets, and the blood flowed from the wounds, which, coagulating, covered the top of the head with a gore of blood. The kitten ran under an out-building, and, after a short time, came again into the house, and was seen again by Mrs. —. The impression made on her was strong; but her health continued good until labor commenced. There was nothing worthy of notice during labor, except the presentation, which was embarrassing, and the duration of it, which was rendered tedious by one of the child's shoulders hitching behind the symphysis pubis. I was satisfied that the fœtus was preternatural before birth; for it was impossible to find any part of a natural head, on examination, except an ear, and that very thick and hard. After birth, the head of the child presented an appearance so much resembling that of the wounded kitten, that the father of the child immediately exclaimed, "It was the kitten that the dog killed;" and then, for the first time, made known to me the facts above mentioned. There was no resemblance to a natural head above the orbits of the eyes, but an irregular mass, not one-fourth so large as the part of the head which was wanting, and appearing like coagulated blood enclosed in a very thin

membrane. This mass seemed to have for its base an irregular bony substance. The fœtus was alive about nine hours before birth, but dead when born. Whether this malformation was caused by the wounded and deformed kitten affecting the mother's imagination, or not, I cannot say; but the fact is so remarkable that I have thought it worth recording.

I think Richerand has quoted from an attendant of one of the London or Paris Lying-in hospitals, that he never saw a well-authenticated case of a mark on a child, caused by the imagination of the mother. I do not say that this fœtus would not have been what it was, had its mother not seen the kitten: but the coincidence is striking. Any observer who could have looked at this fœtus from behind, would have noticed a very great resemblance to a cat's head having its eyes protruded and its top covered with coagulated blood, and the bones broken up. The same woman had her first child marked, as she says, with a peach. She had in her garden a very few fine peaches which she was reserving for herself. A straggler came along and took them. She saw him, and called to him to leave them. He insultingly held them up for her to look at, and walked on. With much respect,

I am yours, &c.

WM. A. BREWSTER.

IV.

To the Editor of the Boston Medical and Surgical Journal.

MR. EDITOR,—I know not of a stronger appeal to the public on the necessity and propriety of furnishing a legal supply of sub-

* We have found no occasion to alter the phraseology of Dr. B., the facts being communicated with perfect clearness. *Ed.*

jects for dissection, than is contained in the first article of the London Quarterly Review for January, 1830. At the same time that it evinces a perfect acquaintance with the nature of the means required for the study of anatomy, such as could only be possessed by a medical man, it is expressed with a simplicity of language which fits it singularly well for the perusal of the general reader. Although published anonymously, it is now known that its author was the late distin-

guished Dr. Gooch. Should there be room for it in your valuable Journal, you probably could not select anything for its pages which would be more acceptable to the generality of your subscribers.

Respectfully yours,

MEDICUS.

The admirable article referred to occupies so much space in the London Quarterly, that we must decline republishing it entire, although we recommend it to the careful perusal of the profession as well as the public.

BOSTON, TUESDAY, APRIL 27, 1830.

THE M'LEAN ASYLUM.

WE noticed, a few weeks ago, the Private Hospital for the Insane under the care of Dr. Cutter, of Pepperell, and particularly remarked on his accommodations for the *incurable*. It was incidentally mentioned as a reason for congratulation in the existence of such an institution, that incurables are not received at the M'Lean Asylum. This impression we have always had. It has existed, and we apprehend does now prevail very generally among the Faculty and with the public, and we may even add that the same belief exists in the minds of some of the "Board of Visitors" of the Institution itself. We had thought that the M'Lean Asylum was designed exclusively for the medical and moral treatment of persons laboring under mental derangement, with a view to remove or ameliorate their malady; and that it was in no measure designed as a

home—as a mere safe and quiet retreat—for such as are deemed permanently and incurably insane.—This Asylum is, as all know, a branch of the Massachusetts General Hospital. At that Hospital in this city, incurables of other diseases *are not received*; and we had supposed that a like regulation extended to the branch at Charlestown, and that it was this circumstance which gave rise to the act for the establishment and liberal endowment by the Legislature, at their late session, of another institution for the Insane, the sole object of which should be to afford a safe and proper retreat for such as are confessedly beyond the prospect of a cure.—It may not be improper to add that this impression was confirmed, very recently, by a conversation with one of the most distinguished members of the profession in this city, who informed us that he had applied personally for the admission into the

Asylum at Charlestown of an individual who was insane, and to whom admission was refused upon the express ground that incurables were not received; and that a medical friend of his, residing in a neighboring town, had communicated to him a like experience.—These things are here stated, not only to justify ourselves in the expression of the opinion referred to, but also for the purpose of calling the attention of the Faculty to the subject; since ample grounds will be laid before them to show that this opinion is erroneous, that some mistake must have existed in the cases above specified, and that *incurables are received* and taken good care of at the M'Lean Asylum.

Shortly after the publication referred to, we received the following anonymous letter:—

Mr. Editor,—The number of your Journal published yesterday contains a mistake in regard to the M'Lean Asylum for the Insane in Charlestown. It is stated, page 131, that “it has *long been* desirable that some appropriate place should be provided for *incurables*, since patients of this description *are not received* into the M'Lean Asylum, and yet require to be taken care of and provided for,” &c.

The M'Lean Asylum for the Insane is a branch of the Massachusetts General Hospital, and under the direction of a board of Trustees, eight of whom are elected by the Corporation, and the remaining four are appointed by a Board of Visitors, consisting of the Governor, Lieutenant Governor, President of the Senate, Speaker of the House of Representatives, and the two Chaplains. The Trustees are chosen annually, and have been frequently changed. By themselves or their

committees, they have visited and inspected the Asylum once at least in every week for eleven years. The Board of Visitors have also inspected the Asylum for the same term, inquiring into its concerns and management: and yet it is not so much known, as might be supposed, that “*incurables*” are there “received,” “taken care of and provided for.”

It is presumed that by *incurables* is intended persons who have been insane more than one year; although the term frequently so used cannot be so applied with strict propriety. Now the fact is, that of 650 patients received into the Asylum since Oct., 1818, not less than one half had been insane from one to ten or twenty years. Of 67 patients now in the Asylum, the disease of 52 has existed more than one year. No class of lunatics has ever been refused admission, excepting such as were subject to epileptic fits. These have been excluded because, in the paroxysms, they would spread terror through the establishment.

As the grounds of the M'Lean Asylum have been purchased and laid out, and the buildings erected, at an expense exceeding one hundred and fifty thousand dollars,—as the site is unusually pleasant and healthy,—as the accommodations for the exercise, amusement, safety and comfort of the inmates, are certainly equal to those of any institution for the reception of lunatics in the United States,—“it must be a relief to the friends of such unfortunate persons, to know that a place” *has been long* “provided for their accommodation and safe keeping:” and it must be a further relief to know that the objects of their care and solicitude will be under the vigilance and inspection of twelve distinguished, disinterested, philanthropic citizens, and subject to the visitation of six of the highest officers of the Commonwealth.

April 7.

* *

It seemed desirable, from the circumstances which have been stated, that the facts contained in this note should go to the public with some sanction, since, in opposition to the general impression, an *anonymous* letter would scarcely be entitled to notice. In the next paper, therefore, we requested the author to append his name to his epistle; which request was immediately complied with, as will be seen by the following note received a day or two after:—

I have just read the last number of the Boston Medical and Surgical Journal, and hasten to comply with the Editor's request respecting the above communication. This I do the more promptly, as it has been inferred, from the terms of that request, that the anonymous letter contained charges against the Asylum which ought to be made public.

I delivered the communication to the publisher of the Journal as my own, without the least restriction, and explained to him its object. Under these circumstances, I did not suppose a formal signature to be necessary. As, however, the Editor asserts that "it contains statements not generally known, and which, to have their due weight, should come from some good *authority*," I beg leave to refer to an "Address of the Trustees of the Massachusetts General Hospital to the Subscribers and to the Public," made March, 1822, and by them published and distributed gratuitously. Page 27, it is stated, "of 149 boarders (received into the Asylum), 3 were not insane, and discharged accordingly; 96 had been subjects of insanity from one to twenty-four years; and, in nearly the whole of the remaining 50, insanity had existed from three to twelve months." Permit me also to refer to a Boston Advertiser, published July 31, 1823. It contains a report of the Trustees, in which they

say, "The M'Lean Asylum has probably *one half* of that description of patients for whom the hope of recovery is so slight that they are properly classed among incurables, and have often been the occasion of an inability to receive recent cases." In the Boston Advertiser was also published, in 1826, a report of the Trustees containing the following remark:—"In estimating those restored to health, it should be noticed that a large proportion—*more than two-thirds*—of those inhabiting the Asylum, are *old, chronic cases*, which can offer very slender hopes of a perfect recovery."

Reference could be made to other public official documents, to show that a large proportion of the patients in the Asylum have been old cases, usually called incurable.

I am, respectfully,

RUFUS WYMAN.

*M'Lean Asylum,
Charlestown, April 14, 1830.*

Here then we have the question settled, on the best of all authority—that of the Physician to the Asylum.

In this last note, two suggestions are made requiring editorial remark. In the first place, Dr. Wyman considers that we might have ourselves added his name to his first letter, since he handed the communication to the *publisher* without any restriction. In the first place, the publisher was not certain who the gentleman was who gave him the letter; and, in the second place, we should in no case consider ourselves justified in putting the name of a writer to a piece communicated for the Journal, unless he had himself placed it there, or expressly authorised us so to do;—the mere absence of restrictions gives no such authority to an editor.

The second suggestion is, that our giving the plain reason for wishing the name of the writer, implied that charges had been brought *against* the Asylum. By reference to our note to correspondents, it will be seen that no such idea is expressed, and that such an inference must be wholly gratuitous. Even should such a voluntary inference have been drawn, the concluding part of that note ought to have silenced it. After requesting the writer to put his name to the letter, it is added, "we shall then insert it with *more* pleasure." Certainly no one can do us the injustice to suppose we should derive *any* pleasure from publishing charges against so admirable and useful an institution as the M'Lean Asylum.

SYPHILIS.

WE have alluded, in a former paper, to some circumstances which appeared to us to portend a change of opinion, in the medical world, on some important points connected with this disease. We then mentioned that the notions of its American origin, and of its specific character—both of which had so long been held incontrovertible—had lately been called in question by a French writer of some distinction. In a late lecture of Mr. Lawrence in London, we find a similar idea again advanced, and maintained with considerable ingenuity. It appears, on the one hand, that the disease was not mentioned or treated of in a distinct form by any writer previous to the commencement of the sixteenth century; and as it was about this period that Columbus performed his celebrated

voyages, the inference has generally been admitted that the disease was contracted in St. Domingo by his sailors, carried by them to Spain, and from thence gradually disseminated over Europe. It is now found, however, that there are serious objections to this hypothesis. In the first place, there is no mention in the original account of either of the voyages of this navigator, that such a disease was among the number of their discoveries. The malady soon after received names indicative of its having a local origin; but even these afford no argument of its being referred, at that time, to Spain or the West Indies. In many parts of Europe, it received the appellation of *morbus gallicus*; but the French themselves, not relishing this national allusion, designated it as the neapolitan disease. There are not wanting arguments, however, to prove that the disease actually existed at a much earlier period than the one here referred to. *Maladies* arising from impure coition, and affecting the generative organs, are more or less distinctly recognised by all medical writers, both ancient and modern; and if the symptoms and progress of what is now called syphilis are nowhere to be found accurately described, this circumstance belongs to that looseness of description which characterizes the earlier accounts of many diseases of whose antiquity there can be no question. There is to be found, however, a sufficiently accurate account of the venereal disease, written by Peter Martyr in 1488, four years before Columbus sailed on his first voyage, which,

if admitted to be genuine, is conclusive of the controversy. It is a curious fact, for which we are indebted to Mr. Lawrence, that, in 1347, a public brothel was licensed by Johanna, Countess of Provence, among the regulations of which, is one directing its inmates to be examined at certain intervals by a surgeon, in order to ascertain whether they had contracted any disease from their mode of life, and, if so, to separate them, that those who visited the establishment might not be infected.

The specific character, as well as the modern origin of this disease, has found much difficulty in passing the ordeal of modern scepticism. Among the points which were thought, till lately, to be the most firmly established, were those of the specific nature of syphilitic disease; of a proper virus or poison by means of which it was communicated; of its distinct series of primary and secondary symptoms; and of its entire distinctness, in its origin and progress, from any other form of venereal disease. At present, all these propositions have begun to be considered doubtful. It has been distinctly asserted, and maintained by very plausible arguments, that this disease is produced by local inflammation, and not by any virus or poison introduced into the system; that, of the phenomena which have been considered as necessary to its regular progress, some are often absent or not to be recognised; and that the same state which renders an individual capable of communicating this disease to one person, may cause another to become infected with gonorrhœa, while a third

may escape without any injury whatever. In regard to this last circumstance, much is no doubt to be attributed to constitutional peculiarity. Mr. Lawrence quotes the medical report of Dr. Fergusson, on the state of the venereal disease in Portugal, at the time when considerable numbers of British troops were in that country. Although the symptoms which it exhibited among the native inhabitants were of the mildest kind, those officers and soldiers who contracted the disease from them had it with the greatest severity, and in the most intractable form.

Whatever value may be attached to the above mentioned speculations, they have at least the negative merit of being incapable of doing harm. A far more important question which has lately been agitated, relates to the treatment of syphilis by mercury, or otherwise. As to the *possibility* of effecting a cure of the disease by other remedies, we apprehend that this point has been long since settled in the affirmative. That it can be cured more speedily, more conveniently, more safely, or more thoroughly, has not appeared to us to be demonstrated by the facts or arguments hitherto adduced in favor of such mode of treatment.—On the contrary, by a general and impartial view of all that has been brought forward on both sides of the question, it appears to us that the non-mercurial mode of practice is by no means entitled to adoption.

USE OF KINO IN DIARRHŒA.

M. BALLY has lately made an extensive trial of kino in cases of diarrhœa at La Pitié. The simplest cases were those of chronic purging, with-

out pain, colic, or other complication than a gradual diminution of the strength, unaccompanied by fever. Four or five days perseverance in the kino, to the extent of from twelve to twenty grains, were sufficient to arrest the disease when it had not been present more than two or three months; if it had been of longer duration, the treatment required was more protracted, but almost always efficacious. In one case, a diarrhoea of three years standing was cured by the kino.

But it is not merely in cases such as the above that the remedy has proved of service; in others, where there was violent pain and even tenderness on pressure, with fever, twelve or fourteen grains of kino, given three, four, or five days successively, have proved sufficient to effect a cure.

Sea Sickness.—Dr. Derbyshire, a respectable English physician, has obtained a patent for a preventive of sea-sickness, and it is said to have proved effectual in several cases. A preparation, probably somewhat similar, is sold by Ebenezer Wight, an Apothecary in this city. The following is an official copy of Dr. Derbyshire's specification.

Take of Crude Opium, two ounces;
Extract of Henbane, two drachms;
Powdered Mace, ten grains;
Hard Mottled Soap, two ounces.

Boil them in sixty ounces (about four pints) of water, for half an hour, stirring them well. When cold, add one quart of spirit of wine, sixty de-

grees above proof, and three drachms of spirit of ammonia. Rub a des-sertspoonful of this embrocation well over the lower end of the breast bone, and under the left ribs, the latest time it may be convenient previously to embarkation, and again on board as soon as possible, and repeat it if necessary.

"State of the Markets."—We noticed, in the Faneuil Hall Market last week, beef of a very unusual appearance. The meat or muscular fibre was of the color of very white veal, and exhibited no trace of redness whatever. It was very fat,—but the fat could not be discerned from the lean parts, except on near inspection, so closely did the color of the two correspond. On inquiry, we ascertained that this was one of twenty oxen brought from the country, all having had the same food and treatment in every particular, all being in fine health and order, and weighing from 1000 to 1200 lbs. each. They were slaughtered in the vicinity, in the common way, and none but this, which was a black ox, presented anything unusual. The abundance of fat, hardness of the bones, redness of the kidneys, &c., evinced a state of sound health, and the whiteness of the muscular fibre was its only peculiarity. The meat was sold to a number of persons, who found it tender and fine flavored.

Excellent mutton was also hanging on a neighboring stall, which was slaughtered in Liverpool, England.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING APRIL 9.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age	Disease.
April 2.	M.	9 w	unknown		M.	5 yrs	typhous fever
3.	F.	24 yrs	childbed		F.	5	consumption
4.	M.	26	brain fever	7.	F.	27	do.
	F.	47	unknown		M.	35	accidental
	F.	61	debility		F.	52	sudden
	F.	2 1-2	consumption	8.	M.	15 mo	infantile
	F.	19	do.		M.	33 yrs	consumption
5.	F.	55	do.	9.	F.	43	inflammation of bowels
6.	M.	52	suicide		F.	10 h	
	M.	3 w	infantile		M.	2 yrs	measles
Males, 9,—Females, 11.				Stillborn, 4. Total, 24.			

ADVERTISEMENTS.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

MEMORIA MEDICA.

THIS day published by CARTER & HENDEE, corner of Washington and School Streets, Memoria Medica,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "*Memoria Medica*" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-

place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.
Dec. 8.

AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by J. D. Fisher, M.D. This day published and for sale by CARTER & HENDEE, cor. of Washington and School sts. Price 62 1-2 cts.
Jan 26.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, MAY 4, 1830.

[No. 12.]

I.

THE LUNATIC ASYLUM AT CAIRO DESCRIBED, BY R. R. MADDEN, IN HIS TRAVELS IN EGYPT.

ONE of the first places which I visited in Cairo, was the Lunatic Asylum. Mr. Salt's janissary accompanied me, and I believe no eye hath ever witnessed, elsewhere, such a melancholy spectacle as this shocking place affords. The keeper made repeated objections to my admission: he said no Frank had ever been suffered to go in; but the name of the *hakkim* of the English Consul, and half a dozen piastres to boot, removed his scruples. I was led from one passage to another; door after door was unbarred; the keeper armed himself with a *courbash* (a whip made of one solid thong of the hide of the hippopotamus); and we at length arrived at an open court, round which the dungeons of the lunatics were situated. Some who were not violent were walking unfettered, but the poor wretches within were chained by the neck to the bars of the grated windows. The keeper went round as he would do in a menagerie of wild beasts, rattling the chain at the windows to rouse the inmates, and dragging them by it when they were tardy of approaching.

One madman, who spat at me as I passed his cell, I saw the

keeper pull by the chain and knock his face against the bars, till the blood issued from his nose. I forced him to desist. Each of them, as we passed, called out for food: I inquired about their allowance, and, to my horror, I heard there was none except what charitable people were pleased to afford from day to day. It was now noon, and they had had nothing for the last eighteen hours.

Two well dressed Turkish women brought in, while I was there, a large watermelon and two cakes of bread; these were broken into pieces, and thrown to the famished creatures. I never saw "Nature subdued to such a lowliness:" they devoured what they got like hungry tigers, some of them thrusting their tongues through the bars, others screaming for more bread. I sent out for a few piastres' worth of bread, dates, and sour milk (*youart*); its arrival was hailed with such a yell of ecstasy as pierced the very soul. I thought they would have torn down the iron bars to get at the provisions; and, in spite of the *courbash*, their eagerness to get their portions rendered it a difficult matter to get our hands out of their clutches.

It was humiliating to humanity to see these ravenous poor wretches tearing their food with their filthy fingers: some of their nails were so long as to resemble the talons of hawks. And such can

be the condition of the "man, so noble in reason, so infinite in faculties, in form and moving so express and admirable, in action so like an angel, in apprehension so like a God; the beauty of the world, the paragon of animals." Vain boast! go paint the faculties of this paragon of animals, in the dungeons I have described; and when you have studied the institutions of Mahometan governors, sit down, if you can, with an exalted notion of human nature!

There was one thing I could not help remarking,—the ruling passion of the Mahometan character was preserved even in insanity. One man, who begged me to give him bread, spat on me when he got it; another, who seized on the piece of watermelon which the women brought him with all the eagerness of famine, abstained from eating it: hungry as he was, he preferred flinging it at a Christian's head, rather than satisfy his craving stomach. He concealed it for near a quarter of an hour, till I was opposite his window; he then thrust his naked arm through the bars, and threw it in my face. In spite of my entreating, he got the *courbash* round his uncovered shoulders.

But there was one old man who moved not when the food was distributing; and as I looked into the dark cell, destitute of everything, with neither straw nor carpet, nor clothing of any sort, I could barely distinguish an emaciated form, in a half recumbent position, lying on the bare earth, without a rag upon his body. He could not lie down altogether, for he was chained by the neck to the window; and, whether it was the pressure of the chain or the rattling of death in his throat, I knew not, but the noise

was that of a person in the last convulsions; and, on inquiry, I found he was dying. The smell of the apartment was most horrible: every species of filth had accumulated round the dying man; for, in all probability, he had been many days immoveable. I had only sufficient influence to prevail on the keeper to take off the chain. I gave some piastres to buy straw; but two days afterwards, when I sent the janissary to inquire about this poor wretch, he was dead, and there was no straw in the apartment. I observed a very decent looking Turk in one of the cells, who had been an officer in the Pacha's troops: he complained bitterly of hard usage; he said he was famished; some days he had only five paras worth of bread, or half a penny worth; and he talked altogether so rationally of his condition, that I expressed my wonder to the keeper that he was not suffered to go abroad. The keeper laughed at my ignorance: "You do not know," said he, "that when mad people appear most quiet, they are always plotting mischief." He illustrated his assertion by a story, which, if credible, certainly showed the necessity of confining lunatics, however mild, to their apartments at night. A black man, who followed the trade of a butcher, had been confined there many years ago; his madness was of so mild a character, that he was allowed the range of the house, with two or three others, whose derangement was attended with no violence. One night the black butcher secreted a knife; he induced another madman to enter his cell, prevailed on him to lie down, and cut his throat; he then cut him up into quarters, and distributed the joints about the room,

as he was in the habit of arranging the meat in his shop. He invited all the others to buy their meat at his stall ; and, to those who were chained, he carried such portions as they desired. The keeper was disturbed with their rejoicings ; it was the first full meal they had had for many a long day. On examining the cells, he found one man missing : he asked the black butcher if he had seen him, and he replied that he had just sold the last joint. " Since that time," said the keeper, " we look out better ; otherwise they would eat one another every day." I endeavored to ascertain the causes of the madness of the present inmates ; they were thirteen in number, and all males : four of them had gone mad from smoking *hashis*, an intoxicating production, being the small pistils of the flax plant ; five of them had poison administered to them,—to two of them in the shape of invigorating medicines, composed of Spanish flies, and to the other three in coffee, drugged with deleterious ingredients ; three were rendered insane by fanaticism ; and one went mad after being bastinadoed.

There is no country where insanity is so frequent as in that country where intellect is most cultivated,—in England ; and there is no nation where madness is so rare as in Turkey,* where the people, of all others in the world, think least. There is an Arab proverb which every unfortunate man applies to his calamity, and which preserves him from despair : " He who has health should hope ; and he who hopes can never remain unhappy." The degree of suffer-

ing which disorders the intellect of an Englishman, only calls forth the philosophy of an Arab ; and where the former cuts his throat, the latter contemplates his misery, and exclaims *Allah Karim*, " God is great." I saw an Arab surveying the ruins of his house at Rosetta, which had just fallen ; and the only exclamation which escaped his lips, was *Allah Karim*, God is great. An Englishman, in the employment of Mr. Galloway, threw himself into the Nile ; his companion besought the Arabs in the boat to endeavor to save the man ; but the Arabs, with one accord, lifted up their eyes and exclaimed, "*Allah Karim*," and the unfortunate man was drowned. I saw an Arab Sheik, in Alexandria, follow the corpse of his only son, who died of the plague ; and, as it was carried out of the house, he caused the bier to be set down, to have one more look at his lost child. I saw the features of the old man convulsed for a moment ; but all he said was "*Allah Karim* !" and all the bystanders repeated the same. In short, the religion of the Turks tends much to resignation ; as they believe no human foresight can prevent misfortune, they make a merit in supporting that misfortune with courage : but the Arabs, in this respect, carry their philosophy much farther than the Turks, and, indeed, surpass the latter in intelligence, morality, and gentleness of disposition. I never knew an instance of suicide either in Turkey or Egypt, and I never heard of a Turk or Arab going mad from desperation, arising from misfortunes.

Now the great cause of insanity in all countries, except Mahometan ones, is fanaticism ; and one

* Fatuity is however frequent enough ; but as fools are revered as saints, idio-cy is very often shammed.

would think, *à priori*, where religious zeal is so strong as in Turkey, that insanity would be most frequent; the reverse, however, is the fact. The reason is this;—their fanaticism is founded on essential doctrines of faith, which neither admit of doubt nor disputation: they all believe that they are certain of salvation, sooner or later; and this reflection soothes every mortal anxiety. But with us, fanaticism is altogether on a different basis, and insanity is consequently more prevalent than it formerly was in France; probably two-thirds of the insane in England are religiously mad. The report of the Cork Lunatic Asylum, published a few years ago in the *Edinburgh Review*, proved that madness was only prevalent in those districts where the ranters were most numerous. The physician of a lunatic asylum in Paris assured me, that, since the revolution, the greater number of lunatics were females, in the proportion of two women to one man; and the reason he gave for it was this:—Since the revolution, the churches are frequented only by women: for one man that you see in a church in Paris, you may count a dozen women. There the clergy, to preserve any part of their flock, are obliged to practise on the enthusiasm of the women; and, not content with making them religious, they render them devotees.

The poetry of religion, of which no church possesses more than the Catholic, is one of the adventitious aids of ecstasy which often elevates the female mind beyond the region of sober reason. In England, I repeat, fanaticism takes another turn: it has none of the poetry of continental en-

thusiasm, and none of the consoling security of Turkish fanaticism. It is mere prose—the madness of proselytism, without the inspiration of faith.

With us, the fanatic wavers with the wind of every doctrine; and while he works heaven and earth to gain his neighbor to his sect, his own bosom is distracted with a thousand doubts and scruples. His anxiety for his neighbor's soul undermines his own intellect at last; and thus fanaticism paves the road to Bedlam.

I endeavored to explain to the keeper of this wretched hospital the necessity for gentler usage and more humane treatment. I told him by such means many insane people were restored to reason; but he shook his head, and said it was impossible; nothing would do but the courbash; besides, the only object was confinement to prevent them from doing mischief; and *Malesh*, “what matter,” whether they recovered or not?

Niebuhr mentions the *Mouritan* hospital for the sick and mad: but it is evident he did not visit it. He says, “the patients were provided with everything to soothe their distress, not excepting even music.” Alas! they have not bread, much less, music.

II.

PHYSIOLOGICAL OBSERVATIONS ON SUCKLING.

MR. ROBERTS, an English Surgeon, has published some interesting remarks on the measure in which the mental peculiarities of a nurse are partaken by her suckling.

Were it perhaps more publicly known, says he, that man par-

takes of the peculiar genius and temper of the female by whose milk he is reared, ladies of rank and fashion would be more generally induced to suckle their own offspring. For those who have written upon the subject seem to have dwelt upon the evils which the contrary and prevailing practice is productive of, simply to the physical, with little or no reference to the moral and intellectual, part of our being, though the two be so intimately connected, that the one can never be at ease whilst the other is in any way afflicted; and as this truism forms the groundwork of these speculations, it is necessary, in order to show how our physical holds in subjection our moral nature, to make a few physiologico-metaphysical observations.

The nervous system consists of two great classes of nerves, the cerebro-spinal, proceeding from the brain and spinal cord, and those called the ganglionic, arising from the great sympathetic nerve. Both sets have their distinct offices and stimuli; the first transmit to the mind sensations from without, and so maintain our relations with external objects; the last regulate the immediate functions of life, whence spring those sensations which are the cause of all instinctive determinations. Thus we have two kinds of physical sensibility, divided into percipient and latent; the former producing its effects *with*, the latter *without*, a consciousness of these impressions; and these are the two grand sources of knowledge, viz., the external senses and the internal organs, or, in other words, reason and instinct. For the mind, or that divine ray infused into the body with the

breath of life, accommodates itself to the weakness and imperfections of the tenement it inhabits; all its endowments are gradually unfolded and developed, so as to assume a local habitation and a name, by the agencies of the two physical sensibilities. But the progress of reason is very slow, so that in infancy we are entirely guided by instinct, which we have shown to be an effect produced by the direct application of stimuli to the ganglionic nerves, or those which govern the functions of the vital organs, and convey the impressions there engendered to the mind. Now it is the predominant energy of any system of organs, whence these impressions issue, that establishes the temperament, and the temperament the specific character of man.

These facts being thus adjusted, we may readily conceive the process whereby the innate dispositions of a child become so perverted, by the stimulus of the milk of a woman of different age, temperament and habits from its mother, as to imbibe propensities directly at variance with those inherited from its parent, either towards virtue or towards vice. Does not every perturbation of mind, on the part of a nurse, so infect the milk as to produce a corresponding emotion in the child? as she is cheerful or sorrowful, the babe at her breast surely participates. Then if a child participates in the temporary feelings of excitement or depression of its real or foster parent, why not in time partake also of her ruling or predominant passions. No doubt it does; and several instances may be adduced wherein such changes have been

brought about, and not in men only, but in other creatures.

We read, in the *Spectator*, of a certain very worthy man, who, having been bred with the milk of a goat, was extremely shy and timid in public, but that, nevertheless, he had frequently an hour in private, when, giving loose to his goatish propensities, he would enjoy a few frisks and capers. It is reported of Caligula, that he did not inherit his cruel and murderous disposition from either father or mother, but that his nurse was of a barbarous savage temper. Tiberius' nurse was unhappily a little too fond of tippling, and the Emperor proved a notorious drunkard. A bitch suckled a pig, which, when grown, would hunt as well as an ordinary hound; and the philosophical Phæorinus observes that, if a lamb be reared with goat's milk, or a kid with that of an ewe, the wool of the one will become hard, and the hair of the other soft. Further we may state, that, in the purest ages of Greece and Rome, this influence of the nurse in instilling her own good and bad qualities into the infant she suckled, was no less known than guarded against; and we find it particularly remarked, that, when Rome flourished as a commonwealth, "children were not suckled by mercenary nurses, but by the chaste mothers that bore them;" thus were the Gracchi reared by their mother Cornelia, and Augustus by his mother Attia. From all which we are led to infer, that man materially participates in the nature and inclinations of her from whose milk the "wheel at the cistern" receives its earliest impulse.

And really, when we consider the strange effects which sudden

frights or longings have upon the organization of an infant in the womb, it does not appear unreasonable to suppose that the ordinary way of thinking of the mother should also have some effect upon the temper of what she bears about her for a period of nine months. Now these physical relations, though loosened, are by no means torn asunder at the time of birth, but, as before, the child lives upon the substance of its mother, who, moreover, continues to cherish it with the same warmth to which it was exposed when a part of herself. And though these material duties be declined by the mother, the argument holds good, for a nurse soon contracts the instinctive solicitude of a parent for the infant brought up at her breast; her hopes and her fears are centred in its well being: and if she be a woman of an agreeable temper, in the habit of indulging such sentiments only as are cheerful and happy, the milk secreted is of a more healthy quality, and abounds in the elements of truly honest feelings, which, being infused into the temperature of the child, leave a tincture behind which no future education can wholly eradicate. And hence, under some circumstances, some nurses deserve a preference; for a mother may be so cruel, drunken, or otherwise ill disposed, as to render it desirable to correct and qualify the hereditary temperament of her offspring, so as to improve the breed as much as possible.

III.

MR. GERVIS'S CASE OF ENLARGEMENT
AROUND THE HIPJOINT.

MARY REED, a married woman, aged 23, living in Tiverton, applied to me, about four months since, with an immense swelling around the left hip, and extending considerably down the thigh. The breadth of the tumor was about fourteen inches; the length, from the back part of the ileum to the lower part of the sacrum, proportionally large. I learnt, from her own account, that the tumor had existed nearly two years, and she supposed had originated from a violent cold. On examining the spine, I found a projection of the spinous processes of the lumbar vertebræ; which, on inquiry, I found had proceeded from a fall or wrench when a child. There was no pain produced on pressure; but the pain which she felt at times from the tumor was excessive. Her constitution was much impaired, and her loss of appetite tended to keep her in a state of debility. The tumor was rather soft, yielding in some degree to the pressure of the hand, and conveying the sensation of a fluid deeply seated. I considered this a fair opportunity for putting Mr. Scott's practice into effect, which I had seen adopted at the London hospital when a student there, by the frequent application of the Ung. Hydr. Comp., and by repeated bandaging. The first application gave her much relief from the pain, and I found that, on every successive application, the tumor gradually diminished. The tumor is now scarcely apparent, nor is there much perceptible difference between one side and the other. The application is now omitted, as she walks per-

fectly well, and without the least deformity in her person, which had previously existed. Her general health is quite established, and the pain she once so much complained of has left her. The efficacy of this plan of treatment is beyond a doubt in all chronic tumors about the neck, the knee-joint, and other parts of the body. I have succeeded in many cases, since I have been here, with the same mode of treatment, and can therefore speak of the value of this plan so ably persevered in by Mr. Scott.

IV.

CASE OF OBSTINATE CONSTIPATION
DURING PREGNANCY, BY MESSRS
TAYNTON AND WILLIAMS, SURGEONS.

THE details of the following, as of the preceding case, were published in a late number of the London Medical Gazette.

Saturday, Feb. 6th.—We were called to visit Mary Waite, aged about 35, who had borne several children, and was then in the fifth month of pregnancy. She complained of severe pain in the bowels, but there was not any tenderness; the pulse natural, the skin cool. She said she had a motion on Friday morning. As there was a disposition to sickness, some pills, with calomel and cathartic extract, were prescribed for her.

7th.—The bowels had not been moved; no tenderness of the abdomen; pulse 80, tongue moist, skin not hot. As the sickness was much increased, small doses of a solution of Epsom salts were given every half hour. Injections of warm water and salt were carefully thrown up by means of Read's syringe. In the evening,

three grains of calomel were given every four hours; the injections and Epsom salts continued; fomentations also were frequently applied.

8th.—The vomiting was excessive; great quantities were suddenly discharged from the stomach, similar to what is brought up in cases of strangulated hernia, possessing the same smell, but not quite so dark colored. There was now considerable tumefaction of the abdomen, but with very little tenderness; pulse under 90, tongue moist, countenance tranquil. The calomel and sulphate of magnesia continued. In the evening, two pills, each containing one drop of croton oil, were given at an interval of two hours. Injections with turpentine.

9th.—Vomiting very violent, with severe pain in the epigastric region. The abdomen greatly distended, but not tender; pulse quicker, tongue not dry. Two more pills with croton oil; sulphate of magnesia in small doses; injections occasionally.

10th.—Vomiting the same in color and smell; prodigious distension of the abdomen; pulse very frequent; anxiety of countenance. Effervescing draughts to be given very frequently; and pills with scammony two grains, calomel two grains, gamboge one grain, every third hour.

11th.—Every symptom aggravated. The same medicines continued.

12th.—Constant vomiting; pulse very quick and feeble; great prostration of strength. Gave her ammonia with camphor; continued the pills with gamboge, &c. The abdomen enormously swelled.

13th.—Great debility; pulse very small and quick. She expressed a wish for bottled porter, which was given her. She drank it eagerly, and it appeared to afford immediate relief. She continued to take some frequently, and all sickness ceased from that time. She also had arrowroot, with brandy, strong broth, and cordial medicines, with full doses of ammonia. In the evening she passed three loose motions, some small portions of hardened feces having previously come away with an injection.

14th.—In the morning, much better in every respect. The swelling abated; she had several loose motions. At eight in the evening she miscarried; the fœtus appeared to be about the fourth month.

From this time she recovered without a recurrence of one untoward symptom. The bowels have acted daily without the aid of any medicine.

The vomiting of such prodigious quantities of fluid, which had the smell and appearance of feculent matter, the very great enlargement of the abdomen, and ultimate recovery, in this case, appear to us so uncommon, as to be deserving of notice.

BOSTON, TUESDAY, MAY 4, 1830.

THE VALUE OF CRITICISM.

FEW authors come before the public without casting a thought forward to their probable reception by the re-

viewers; and the journals, for a year after, are anticipated with more than ordinary impatience. If passed by unnoticed, the pride of every writer

is wounded; but severe criticism affects different individuals in a very different way. Some are entirely discouraged, and resolve never again to attempt the difficult task of an author;—others reply, like Spurzheim, in grave argument;—whilst still others, like Byron, are waked to severe response, and expend their resentment in satire and ridicule. But the majority, perhaps, of modern writers, take such remarks all in good part, and resolve to turn them to good account in the next edition—nothing doubting but a second will soon be in demand. These, though the most goodnatured, have by no means chosen for themselves the easiest alternative.

In his preface to "The Pioneers," Cooper, the novelist, thus speaks of the reception his former writings had met with among the reviewers:—"Just as I have made up my mind to adopt the very sagacious hints of a learned Reviewer, a pamphlet is put into my hands, containing the remarks of another, who condemns all that his rival praises, and praises all that his rival condemns. There I am, left like an ass between two cocks of hay; so that I have determined to relinquish my animate nature, and remain stationary, like a cock of hay between two asses."

Mr. Cooper is not the only author who has found himself in this predicament; and among the host who are with him, we find our friend the editor of "Collin's Manual," a copy of which, with a "superior Stethoscope," is sold almost every day at the medical bookstore of Carter & Hendee. The January

number of the North American Medical and Surgical Journal, after commenting rather severely on this edition of the Manual, remarks—

"Were we disposed to further criticism, we should comment upon the Introduction, the 'entirely new Introduction; which is intended to embrace the amount of all that is important in the prefaces alluded to,' (of those, namely, 'which encumber the last edition'), 'as well as that which is contained in various abstracts and reviews which have appeared of treatises upon the different methods of investigating thoracic diseases, and in such other works which are not generally before the country.' Rather magnificent, we should think, to be achieved in ten small 12mo pages of large type. What principally attracts our attention in this abstract, which constitutes nearly the whole of the additional matter furnished by the fellow of the Massachusetts Medical Society, is the tone of exclusively local feeling and exclusively local knowledge which it betrays. 'In this country, the stethoscope,' he says, 'still remains a novelty.' Be it known to our Salem friend, that the stethoscope was introduced into Philadelphia within somewhere about a year of its first publication, and has been used here, since that time, without any interruption; insomuch that some physicians in this city have been thought to gain reputation thereby. The editor seems to forget that there exist other States in this renowned Union than those east of the Hudson; he writes only for 'a New England climate' and 'the New England practitioner.' Against this exclusiveness, which would erect a sort of provincial tribunal in literature, we enter our protest," &c.*

In the notes to the New York

* See Boston Med. and Surg. Journal for March 2d, in which is a reply to these strictures.

edition, just published, of Gregory's Elements of Practice, we find the aforesaid Manual and its introduction alluded to in the following language :

"I conceive that the profession in the United States is under special obligations to Dr. A. L. Peirson, of Salem, Mass., for the laudable and successful attempt he has made to promote and diffuse a knowledge of this all-important subject, by his edition of Collin's valuable 'Manual for the use of the Stethoscope,' and by the very pertinent and lucid introductory remarks with which he has accompanied it."

Dr. Peirson cannot do better than adopt the resolution of the American Sir Walter. It is well for an author to read all the critiques of his works, for the sake of gratifying a very natural curiosity ; but the wisest are those who are neither elated by praise, discouraged by censure, nor drawn, by the whims of a reviewer, from a course which has approved itself, after reflection, to their own better judgment.

THE MASSACHUSETTS HOSPITAL.

THE following note, addressed to the Editor of this Journal, will afford our readers further light respecting the admission of *Incurables* into the Hospital. For our own part, we cannot conceive why any one should suppose it an act of *inhumanity* to reject patients of this description. The reception of them into an Institution designed for the cure of diseases which are within the power of medical and surgical skill, would be the surest of all modes of defeating the objects of such an establishment.

Dear Sir,—As it is desirable the profession should have a full under-

standing of the rules of the Hospital respecting the admission of the incurable, will you have the goodness to add to the account given by Dr. Wyman in the last number of your Journal, the following statement, which refers particularly to the Hospital in this city.

There is a certain number of free beds, as they are termed, maintained in this Hospital, partly by the funds of the Institution, and partly by the liberal contribution of gentlemen of the city. Persons who are unable to pay their board, are received on these free beds. It is obvious, however, that, if incurable patients were received or retained on them, they would soon become filled with such patients. Thus the purposes of the Institution would be defeated ; and, so far as these free beds would go, the Hospital would become an asylum for the sick poor, like an almshouse, instead of being a place for the relief of disease. In this case, one patient would occupy a free bed from six to twelve months. On the other hand, if those only should be received and retained whom there was some chance of relieving, from ten to twelve patients would have the benefit of a single bed in the course of a year.

That this is a true view of the matter, has been proved by experience at our hospital. Influenced by it, the Trustees have directed, as a general rule, that patients who are evidently incurable should not be admitted to the use of the free beds ; and that patients on them, when found incurable, should be discharged, when this could be done consistently with a regard to humanity.

But, in regard to those patients who pay their board, the same rule does not apply. Such patients are not fond of entering the hospital, nor of remaining there, as paupers would be, if there is not some chance of relief. Should it happen otherwise, and should incurables of this class fill the house so as to exclude those

who are curable, it would no doubt be necessary to remedy the evil by discharging the incurable. But, in fact, no such difficulty ever has occurred. Accordingly, we have never found it necessary to adopt the rule, with patients of this class, which it has been necessary to adopt in order to prevent our *free* beds from being occupied by incurables.

I have troubled you with a statement not only of our rules, but of reasons for them, that you may not consider the regulation respecting free beds as deficient in regard to humanity. The truth is, that its design and its operation is to give the greatest amount of relief to the sick poor of which the institution is capable.

I am, dear Sir,

Yours, respectfully,

J. JACKSON, *Attending Phys.*
Mass. Gen. Hospital.

Boston, April 27, 1830.

NEW CURE FOR PHTHISIS.

WE presented to our readers, not long since, a copious abstract of certain articles published by Dr. Parrish, of Philadelphia, setting forth the advantages to be derived from free exposure to the open air in chronic disease of the lungs. To this idea, though somewhat at variance with received notions on the subject, we found no great difficulty in reconciling ourselves; but a plan has been recently put in practice by an English practitioner, the success of which is not so easy to account for upon established principles of pathology. It consists in the repeated affusion of the surface of the chest with a cold lotion, consisting of alcohol and water, in the proportion of one part to seven, with the addition of a small quantity of the aromatic spirit of ammonia. The

first case in which the remedy is stated to have been used, was that of a young lady who had suffered with a troublesome cough, without a day's intermission, for two years. The lotion was applied by means of several folds of linen carried across the upper part of the chest. From that day the cough abated, and a cure was effected at the end of a month.

The next case is that of a gentleman who had chronic catarrh, attended with some pleuritic affection. The cure was completed in a month.—The next patient was a young lady who had been partially relieved by treatment, but in whom there remained a sense of tightness and cough. The relief gained from the lotion, in this case, was sufficient to induce her to make the use of it constant and habitual.—The next was a clergyman seriously threatened with phthisis, in whom the lotion, with regulated diet, removed most of the symptoms.—The remedy was subsequently tried in five other cases of protracted cough, and in all with equal success.

That an amount of experience equal to that above mentioned is far from sufficient to establish the character of a remedy, is certainly true; and it is very possible that, in all the cases recorded, the event might have been equally favorable if the application had been omitted. But it is something to have shown that, in chronic pulmonary inflammation, the direct application of cold to the surface may be made with impunity; and, in this view, we are disposed to regard the cases alluded to with some

degree of interest. So far as the facts contained in them justify any inference, they will be considered as confirming the opinions already advanced by Dr. Parrish.

TRANSFUSION.

DR. DIEFFENBACH, of Berlin, has performed numerous experiments upon animals, from which he obtains the following conclusions:—

1. That an animal, bled to apparent death, may be brought back to life by the blood of another animal of the same species, and afterwards continue to do well.

2. Blood derived from an animal of different species may produce signs of life, but these are not permanent.

3. If transfusion be performed with the blood of an animal very dissimilar to the one operated on, however small the quantity, the latter will be destroyed. This result occurred when human blood, or that of a calf, was injected into a cat; more slowly when that of a dog or a rabbit was transferred to the veins of the same animal.

4. Mammiferous animals are less sensible to the noxious influence of the blood of birds or coldblooded animals, if they have previously been bled.

5. Birds are always killed by the blood of the mammifera or fishes, and exhibit, in these cases, the symptoms produced by narcotic poisons.

6. Whenever, after the injection of the noxious blood, an animal has copious evacuations, by urine, stool or vomiting, the ill effects of the operation are lessened by this circumstance.

7. Blood, when exposed to the air, does not lose its reviving properties, until decomposition commences. Once decomposed, it produces the same effects as any other putrefying animal substance.

8. Age, sex, and other circumstances or states of the constitution, exercise little or no influence on the effect of transfusion.

9. Diseases are not always communicated by transfusion.

10. Venous blood answers best for this operation.

11. Transfusion is always attended with danger, although the animals are of the same species; its employment as a remedial measure, therefore, is suited only to desperate cases, where all other means are inadequate to preserve life; and none except human blood ought ever to be used in these cases.

NEW APPLICATION OF BELLADONNA.

OF the large class of medicines known by the names of antispasmodics, anodynes, &c., it is remarkable how few are known to produce any of their effects by local applications. A priori, there would seem to be no sufficient reason why pain, existing in the subcutaneous or muscular tissue, should not be relieved as effectually and more speedily by applications made to the skin covering the part, than by similar substances introduced into the stomach; yet the number of acknowledged instances in which such an effect has followed, are certainly very few. We are not without suspicion that regular practitioners have distrusted too much the possibility of an effect

of this kind. We are very much disposed to ridicule the notion of bone salves and bone ointments; but applications of this sort have acquired a certain degree of reputation among the people, and how are we prepared to say that this faith is utterly groundless? The most successful bonesetters make, as is well known, great use of narcotic substances externally, before they attempt to reduce a dislocation, avowedly with the design of relaxing the muscles. That their practice is often successful, is undoubtedly true; and perhaps it is too much to decide, without careful examination, as to the absurdity of the theory on which it is founded. We have in our possession a formula for one of these bone salves, which, however bare of classical or botanical allusion, and perverse in the matter of orthography, yet contains, within the list of its fourteen articles, many which have an established reputation as powerful antispasmodics. Now the selection of these articles is an argument in favor of the view in which they are used; for if the practice was a mere deception, the substances employed might as well be inert as potent.

The nearest approach which has been made to this kind of practice by regular physicians, has, we believe, consisted in the adoption of endermic medication, that is, in applying certain substances possessing anodyne properties to the denuded cutis. In this way the acetate of morphia has been applied to the surface of the chest for the cure of hooping cough; and the practice

seemed to be attended with considerable advantage. The effect of belladonna on the muscular structure of the iris has generally been considered as peculiar, and as having nothing strictly analogous to it within the compass of our knowledge of the operation of medical agents. From the following case, it would appear that the same article had been found to exhibit elsewhere, and through the medium of the mucous tissue, a somewhat similar influence. The case occurred recently in one of the London hospitals.

John Schaaff, æt. 61, a native of Saxony, residing in London, and where, for the last thirty years, he has been employed as a coppersmith and brazier, was admitted into Isaac's ward with retention of urine. His health has been generally pretty good; occasionally, however, he has been affected by colic. Has had stricture in the urethra for two years, and has been obliged at times to apply to a medical man, for the purpose of having his urine drawn off by a catheter.

The man came to the hospital about three o'clock on Sunday morning (Feb. 24), when the dresser found it impossible to introduce a catheter into the bladder, some blood following every attempt. After some time, however, he succeeded in passing a small-sized conical bougie, and some urine flowed, which greatly relieved the patient. The man refused to have anything more done for him at that time, and he returned home to his bed.

At ten, A.M., of the same day, he returned, laboring under the like distress as at his first application; after some trouble, a bougie was passed into the bladder, and a few ounces of urine followed, on its being withdrawn. The stricture is situated about three inches from the orifice

of the urethra. The man was now put into the warm bath, and a dose of castor oil given him. Mr. Tyrrell ordered him to take Tinct. Ferri Muriat. M. xv.; Tinct. Opii M. v. 2dis horis. A bougie, rubbed over with belladonna and oil, to be passed into the urethra. Soon after the man came from the bath, this was tried, and, after two or three attempts, the bougie (which was larger than those used before) readily passed the stricture, and the bladder was emptied of its contents. Poppy fomentation to be applied to the lower part of the abdomen and penis. About an hour after, another bougie was passed, and kept in the urethra two hours.

On the following day, a bougie (conical-pointed) was introduced two or three times, by which the stricture was sufficiently dilated to allow the urine to pass pretty freely.

The man was allowed to remain without any farther regard to the stricture for a few days, for the purpose of allaying a considerable tumefaction of the penis; and, on this subsiding, a bougie simply oiled could not be introduced beyond the stricture, and belladonna was again resorted to, by which the irritability of the stricture seemed to be allayed, and the bougie passed into the bladder.

The patient now passes his urine whenever he feels a desire, and the present treatment adopted is, merely attending to the secretions of the alimentary canal, and the introduction of a bougie daily.

CUJUM PECUS?

MANY of our readers have doubtless seen Dr. Mott's account of an operation for immobility of the lower jaw, published in the 9th No. of the Amer. Journ. of the Med. Sciences, with a plate representing the instrument used by him. This history, with a fac simile of the plate, was copied into the London Medical Gazette, as a case of interest to the profession in

other countries. The last No. of that Gazette contains the following letter:

To the Editor of the London Medical Gazette.

2, Alfred Street, Bath, 1830.

Sir,—In reading Dr. Mott's case of immobility of the jaw (successfully treated), I find the following paragraph:—

“As no force which I could exert would enable me to open the mouth, I was prepared to apply the mechanical principle of the screw and lever. For this purpose we *had prepared* an instrument composed of two steel plates,” &c.

If I rightly understand the New York Doctor, he wishes it to be understood that he *invented* the instrument of which he gives a drawing (in your February number, 1830), and with which he treated the case successfully. I have not the least desire to detract from the merit of any gentleman's inventive powers, but I cannot resist sending you what I consider the original of *his invention*, and I can pledge myself it has been in my possession thirty years, and I know not how long before that period in the possession of my late master, Dr. Mingay, of Thetford, Norfolk (England), and his father.

I shall be obliged by your returning the instrument at your earliest convenience; and, apologising for this trouble, I am, Sir,

Your obedient servant,

WM. JAS. LONG.

[The drawing of the instrument used by Dr. Mott (see Gazette, No. 117) is an exact representation of that sent to us by our Bath correspondent.—*Editor Gazette.*]

Extract of Asparagus.—An extract made by evaporating a strong decoction of this grass, is said to be a powerful diuretic, and a valuable remedy in cases of dropsy. We embrace the present season to communicate the saying, in order that those of our readers whose happiness it is to have their residence

amid the fascinating scenes of rural life, may make the experiment for themselves.

It was once thought, by Cullen and others, that, although asparagus gave a peculiar odor to the urine, it did not increase its quantity or change its qualities; but recent observation seems not to have confirmed this opinion.

M. Broussais proposes the use of asparagus, which is undoubtedly sedative and perfectly inoffensive to the stomach, as a substitute for digitalis and prussic acid—medicines which, with the property of weakening the action of the heart, have also that of producing gastric irritation.

If a patient, suffering from hypertrophy and excessive action of the heart, eat asparagus, M. Broussais assures us he will find relief; and if the remedy is discontinued, the habitual symptoms will return. Syrup of the green ends of asparagus, like the plant itself, has this power of diminishing the action of the heart, without annoying the stomach, and may be made for use when the grass is out of season. A physician, whom M. Broussais does not name, but to whom he is indebted for this discovery, collected many cases in support of these statements; and the Professor of Val-de-Grace declares that it is confirmed by the result of his own experience.

Hemorrhage restrained by Alcohol.—A very obstinate case is related, in a foreign work, of hemorrhage after the extraction of a tooth. It occurred in an individual who, with all his family, exhibited

always a remarkable tendency to hemorrhage. After using all the remedies he could call to mind, the practitioner was considering the expediency of tying the carotid, when it occurred to him that he had witnessed good results, in like cases, from alcohol applied to the part. He accordingly applied pledgets of cotton wool dipped in the strongest alcohol, and with entire success. The application was often repeated for several days.

Casey's Apparatus.—We perceive that this gentleman is taking the most direct and dignified course to make known the true merits of his "dormant balance." It has been presented to the French Institute by Magendie, and a committee on the subject will shortly report their opinion of its title to originality of invention, and to confidence as a means of curing lateral curvatures of the spine. The result of these inquiries we shall not fail to notice.

Dr. JAMES C. HALL, of Washington, has been appointed Professor of Surgery in Columbia College, D.C. in place of Dr. Stoughton, resigned.

Dr. JOHN GODMAN.—It is our melancholy duty to record the death of this distinguished anatomist and scholar. He died at Philadelphia, on the 17th of the last month, at the early age of 32 years.

☞ We must defer till next week some remarks we intended to have offered today, on the liability of Physicians to do military duty.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING APRIL 9.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
April 9.	F.	2 yrs	convulsions		M.	40 yrs	unknown
	F.	83	old age		M.	25	do.
10.	M.	3	quinsy	14.	F.	6 mo	convulsions
	M.	83	old age		M.	43 yrs	consumption
11.	M.	21 mo	croup		M.	64	delirium
	M.	19 yrs	consumption		M.	55	dropsy on the heart
	M.	12 mo	lung fever	15.	M.	44	consumption
12.	M.	27 yrs	consumption		M.	72	old age
	F.	30	childbed		F.	29	consumption
13.	M.	3	dropsy on the brain				

Males, 14,—Females, 5. Total, 19.

ADVERTISEMENTS.

HALLER'S ELEMENTS OF
PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

MEMORIA MEDICA.

THIS day published by CARTER & HENDEE, corner of Washington and School Streets, Memoria Medica,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "Memoria Medica" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used

by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.
Dec. 8.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, MAY 11, 1830.

[No. 13.]

I.

SOUTH SEA SURGERY.

THE recent discovery, by Captain Dillon, of the fate of *La Pérouse*, is a subject of deep interest to every one, and we hope the interesting narrative of this successful voyager will soon be republished in this country. To this narrative we are indebted for the following history of the condition of the healing art among some of the rude Islanders of the Southern Ocean. It will be recollected that Mr. Mariner, who is often referred to by Captain Dillon, commenced his residence among the Friendly Islands in early youth, and had ample opportunities to become familiar with the character and customs of their inhabitants.

The natives of the Sandwich Islands, says Captain Dillon, appear to have some knowledge of medicine; but whether from original discoveries of their own, or from the information of Europeans, Mr. Mariner could not obtain any information from those natives who were with him at Vavaoo. One of these Sandwich Islanders (a petty chief) professed some knowledge of the healing art, and it so happened that Mr. Mariner was once the subject of his skill. Feeling himself much indisposed by a disordered state of the stomach and bowels, attended with headach and drowsiness, this Sandwich

Islander proposed to give him some internal remedies; whilst a native of Tonga, on the other hand, very much wanted him to lose blood (by scarification with shells on the arms and legs). The remedies proposed by the former were an emetic and a cathartic. The cathartic consisted chiefly of the sweet potatoe grated, and the juice of the sugar-cane; to this, however, was added the juice of some other vegetable substance, with which Mr. Mariner was not acquainted. The emetic consisted of two infusions; one of certain leaves, and the other of a particular root, both unknown to him. The Sandwich Islander informed him that the root was necessary to counteract the effect of the leaves, which was very powerful, and might, in a large dose, and without such addition, kill him. Upon this discouraging information, the native of Tonga, with his scarifying shells, redoubled his persuasions, ridiculed the remedies of the other, and, on understanding what effect they would have, laughed most heartily at the idea of curing a sick man by means which would make a healthy man sick. The remedies of the surgeon, however, were not more agreeable than those of the physician, and the patient was at a loss to know to whose care he should entrust his health, when the latter signified his intention of taking some

of his own physic, which was the best proof he could possibly give of his confidence in it. Two equal doses were accordingly prepared; the patient took one, and the doctor the other. The cathartic was first given, and the emetic about an hour afterwards. The latter operated in about another hour, and the former, in conjunction with it, in about two hours and a half. They both evinced abundant evidence of their respective properties, and the following morning Mr. Mariner found himself perfectly well; which happy result the man who wanted to bleed him could by no means attribute to the remedies he had taken. The Sandwich Islander, notwithstanding he was much laughed at, particularly about his cathartics, obtained at length a considerable share of credit for his skill.

No native of Tonga undertakes to practise surgery unless he has been at the Feejee Islands, where constant wars afford great opportunity of becoming skilful; and no native of Tonga would employ a surgeon who had not been thus schooled.

The three most important operations are, *cawso*, or paracentesis thoracis; *tocolósi*, or an operation for the cure of tetanus, which consists in making a seton in the urethra; and *boca*, or castration.

The one we are about to describe was performed upon a Feejee islander who had received a barbed arrow in the right side, between the fifth and sixth ribs, not in a line directly below the nipple, but about an inch backwards. The arrow had broken off about three inches from the point under the third row of barbs; and from the rise and fall of the thorax in the act of respiration, the whole

piece was perfectly concealed from any external view. The barbs and the point were of the same piece with the arrow.

A countryman of the wounded man wished to perform the operation, but the patient desired that a friend of his, a native of Vavaoo, should manage it. This proved that he placed at least equal confidence in his skill as in that of his countrymen; for he had seen him perform the operation several times before at the Feejee Islands.

The patient was now lying on his back, but a little inclined to his left side; and this was considered a favorable posture for the operation. It was a fine clear day, and the weather warm; had it been rainy or cloudy, or had the patient felt himself cold, fires would have been lighted in the house, and a burning torch held to his side, to relax the integuments, and to render, by such means, the wound more favorable. The wound had been received the day before, and, on pressing the finger upon its orifice, the broken end of the arrow could not now be felt, except by the pain which such pressure gave the patient. In the first place, the operator marked with a piece of charcoal the situation and length of the intended incision, which was about two inches, the small wound made by the arrow being in the centre of it. The integuments were now drawn upwards, so that the black line lay upon and parallel with the superior rib, an assistant pressing his hand above and another below the situation of the intended incision, with a view to keep the integuments firm and steady. The operator having now chosen a piece of bamboo, began his incision, and carried it down to the bone, the whole length of the mark, which

was done with five or six motions of the hand, aided by considerable pressure. In this part of the operation a shell could not be used, on account of its liability to break. The integuments being now allowed to return to their natural situation, the incision was cautiously continued with a splinter of shell, midway between the two ribs, dividing the intercostal muscles to nearly the same extent as the external wound, to allow of the introduction of a finger and thumb to lay hold of the arrow. During this part of the operation, however, the end of the arrow became perceptible, protruding between the costæ at every inspiration. The operator, as soon as possible, secured it with the finger and thumb of his left hand, whilst with his right he proceeded to widen the incision on either side, that he might take a firmer and deeper hold, and secure, if possible, the second row of barbs. To facilitate the operation, he now slipped the noose of a string over the barbs he held between his finger and thumb, and having secured which, his left hand was no longer in the way of his right; for, by drawing the string as far as prudence would allow, he kept it pressed upon the superior, and thereby preserved the arrow from receding at every inspiration. The incision was now carried through the intercostal muscles and the pleura, sufficiently to allow of the introduction of the finger and thumb of the right hand, with which he endeavored to disengage, as much as possible, what might obstruct the barbs; whilst with his left finger and thumb he laid hold of the end of the arrow, and kept gently twisting it always one way, so as to break down those obstructions which could not

be removed with the other hand; taking care, however, not to use so much force as might be supposed liable to break the barbs: and in this way, in the course of two or three minutes, he withdrew the arrow, bringing with it a small portion of the substance of the lungs which could not be disengaged. During this part of the operation the patient was almost insensible. He was held by those about him, to prevent any mischief arising from his struggles, which at times were violent. The operator now carefully examined the arrow, and being satisfied that every barb (of which there were three rows) was entire, he ordered him to be gently turned on the right side, so that the wound was depending; and, to make it more completely so, a quantity of *gnatoo* was placed under him in two situations, viz., under the shoulder and under the *pelvis*, in such a way that the orifice of the wound was evidently the most depending portion of the thorax. The patient being now perfectly sensible, the operator desired him to make a full inspiration, inquiring whether it gave him much pain; and being answered that he could bear it tolerably well, he desired him to make several full inspirations from time to time, but not so as to fatigue himself, and occasionally to move his body gently: by these means a considerable quantity of blood was discharged. A few hours afterwards the operator introduced between the ribs a portion of banana leaf, smoothly folded several times, and anointed with cocoa-nut oil, as a pledge to keep open the wound. He ordered his patient to be kept perfectly quiet, not to be spoken to, no noise to be made, nor his attention to be at-

tracted in any way; to live chiefly on vegetable diet, or, if he had any kind of meat, fowl in preference to pork; or if pork, it was to be very small in quantity and without the least fat, with cocoanut milk for drink, in any quantity that he felt disposed to take. The first night he had a great deal of pain, much thirst, and little sleep; the following day he was much easier. A great deal of blood was found to have been discharged, and a fresh pledget was introduced, which was renewed every morning, as long as any discharge was apparent. When the discharge of sanguineous fluid ceased, which was in about nine or ten days, the operator introduced his probe, to be sure that the cessation of the discharge was not occasioned by any obstruction. He then contented himself with a more superficial pledget, that the external orifice might not heal too soon, and the patient was allowed to change his posture occasionally, but not for a long time together. As he grew better a little more meat was allowed him, but the use of *cava* was interdicted until he got tolerably well. The wound healed in about six weeks, without any sort of dressing or washing. The patient was confined to his house about two months, and was not perfectly recovered till near a twelve-month, when he seemed as healthy and strong as ever, with scarcely any cough having supervened in the meanwhile. This was considered a very dangerous wound, and a very well-conducted cure. Mr. Mariner does not know that they are acquainted either with the exact situation or the existence of the interosteal arteries.

Tetanus is a disease very common among the Tonga people, but still more common among the natives of the Feejee Islands, who, from their warlike habits, are more frequently in the way of it. They adopt, however, a remedy which the Tonga people have borrowed of them, and consists in the operation of *tocolósi*, or passing a reed, first wetted with saliva, into the urethra, so as to occasion a considerable irritation and discharge of blood; and if the general spasm is violent, they make a seton of this passage, by passing down a double thread, looped over the end of the reed; and when it is felt in the perineum, they cut down upon it, seize hold of the thread, and withdraw the reed, so that the two ends of the thread hang from the orifice of the urethra, and the doubled part from the artificial opening in the perineum. The thread is occasionally drawn backwards and forwards, which excites very great pain and abundant discharges of blood. The latter operation Mr. Mariner has seen performed several times, but only twice for *tetanus*, arising in both instances from wounds in the foot. In these cases the spasms, but particularly the convulsive paroxysms, were exceedingly violent, extending to the whole body, neck, face, trunk, and extremities; but in neither case was the jaw permanently locked, though on every accession it was violently closed for a few moments. A native of the Feejee Islands performed one operation, and Hala Api Api the other: they both happened at Vavaoo at different times. In either case the disease came on suddenly, three or four days after the wound was receiv-

ed, which was from an arrow not barbed. The moment the symptoms became evident, *tocolósi* was performed. In the short space of two hours one of them was greatly relieved, and the other in about six or eight hours. The following day the one on whom Hala Api Api operated was quite well, and afterwards had no other attack; consequently the thread was withdrawn. The effect of this operation was a considerable pain and tumefaction of the penis, but which gradually subsided in about five or six days. The artificial openings, in both cases, healed spontaneously without any difficulty.

The natives of these islands are very subject to enlarged testicles, and for this they sometimes perform the operation of *boca* (castration). Mr. Mariner's limited observation on this subject does not authorise him to speak with any degree of certainty in regard to the precise nature of these tumefactions. Their mode of performing this operation is summary enough. A bandage being tied with some degree of firmness round the upper part of the scrotum, so as to steady the diseased mass, at the same time that the scrotum is closely expanded over it, an incision is made with bamboo, just large enough to allow the testicle to pass, which being separated from its cellular connexions, the cord is divided, and thus ends the operation. They neither tie the cord nor take any pains to stop the bleeding; but if the testicle be not very large, and the epididymis not apparently diseased, they perform the operation by dissecting it from that body with the same instrument.

One of these cases was that of

a man who performed the operation on himself. His left testicle was greatly enlarged, being about five or six inches in diameter, and gave him at times severe lancinating pains. Two or three times he was about to have the operation performed by a native of Feejee, but his courage failed him when he came to the trial. One day when with Mr. Mariner, he suddenly determined to have the operation performed upon himself; and it was not much sooner said than done. He tied on the bandage, opened the scrotum with a very steady hand, in a fit of desperation divided the cord and cellular substance together, and fell senseless on the ground. The hemorrhage was very profuse.

The amputation of a limb is an operation very seldom performed; nevertheless it has been done on at least a dozen individuals.

There was a man living at the island of Vavao who had lost a leg in consequence of the bite of a shark, which is not a very uncommon accident. But there was something unusual in this man's particular case: his leg was not bitten off, but the flesh was almost completely torn away from about five inches below the knee down to the foot, leaving the tibia and fibula greatly exposed, and the foot much mangled. He was one of those who chose to perform his own operation. With persevering industry, therefore, he sawed nearly through the two bones with a shell, renewing his tedious and painful task every day till he had nearly accomplished it, and then completed the separation by a sudden blow with a stone! The stump never healed. Mr. Mariner had this account

from the man himself and many others.

Téfe, or the operation of circumcision, is thus performed:—A narrow slip of wood, of a convenient size, being wrapped round with *gnatoo*, is introduced under the præputium, along the back of which a longitudinal incision is then made to the extent of about half an inch, either with bamboo or shell,—the latter is preferred. This incision is carried through the outer fold and the beginning of the inner fold, the remainder of the latter being afterwards torn open with the fingers. The end of the penis is then wrapped up in the leaf of a tree called *gnatái*, and is secured with a bandage. The boy is not allowed to bathe for three days; the leaf is renewed once or twice a day. At the Feejee Islands this operation is performed by amputating a portion of the præputium, according to the Jewish rite.

The operation of the *ta tattoo*, or puncturing the skin and marking it with certain configurations, though it is not properly surgical, yet we mention it here, as it is very apt to produce enlargements of the inguinal and axillary glands. The instrument used for the purpose of this operation somewhat resembles a small-toothed comb. They have several kinds, of different degrees of breadth, from six up to fifty or sixty teeth: they are made of bone of the wild duck. Being dipped in a mixture of soot and water, the outline of the *tattoo* is first marked off, before the operator begins to puncture, which he afterwards does by striking in the points of the instrument with a short stick made of the green branch of the cocoa-nut tree. When the skin begins

to bleed, which it quickly does, the operator occasionally washes off the blood with cold water, and repeatedly goes over the same places. As this is a very painful process, but a small portion of it is done at once, giving the patient (who may justly be so called) intervals of three or four days' rest, so that it is frequently two months before it is completely finished. The parts tattooed are from within two inches of the knees up to about three inches above the umbilicus. There are certain patterns or forms of the tattoo, known by distinct names, and the individual may choose which he likes. On their brown skins the tattoo has a black appearance; on the skin of an European, a fine blue appearance. This operation causes that portion of the skin on which it is performed to remain permanently thicker. During the time that it is performed, but sometimes not for two or three months afterwards, swellings of the inguinal glands take place, and which almost always suppurate: sometimes they are opened with a shell before they point, which is considered the best treatment; at other times they are allowed to take their course.

II.

MR. BRODIE ON THE USE OF IODINE IN MORBID GROWTHS.

I HAVE employed iodine as an internal medicine in a great number of cases of morbid growth, without any manifest effect arising from its exhibition. In two cases, however, and in two only, it was productive of the greatest benefit, effecting that which I should

scarcely have supposed that any medicine was able to accomplish.

In one of these cases, which I attended with Mr. Pennington, the patient labored under a tumor on one side of the tongue, and imbedded in its substance, of about the size of a nutmeg, of an irregular form, hard to the touch, and having a well-defined margin. The disease had existed between one and two years, gradually making progress; and it had resisted the internal use of arsenic, as well as a course of sarsaparilla, combined with oxymuriate of mercury. As the surface of the tongue was furred, and there were some other symptoms which seemed to indicate a deranged state of the digestive organs, we prescribed, in the first place, the *pilula hydrargyri*, with a gentle aperient, and a light bitter with soda. Under this treatment the tongue became clean, but there was no perceptible alteration in the local disease. We then administered the tincture of iodine three times daily in moderate doses, gradually increased. In a fortnight the tumor was evidently smaller, and at the expiration of about eight weeks it had nearly disappeared. The patient was sent into the country, being directed to continue the use of the iodine for some time longer. This was upwards of four years ago, and I have not seen the patient since; but I have been informed that the cure was complete.

The second case was that of a man who was admitted into St. George's Hospital on account of a tumor, situated on one side, a little below the axilla. It was of the size of a small orange, unattended by pain, bearing no marks of inflammation, and quite movea-

ble beneath the skin. Having removed it by the knife, I found, on making a section of the tumor, that it was composed of a brown solid substance, of a firmer consistence, and to all appearance more highly organized than fungus hæmatodes, and of an uniform structure throughout, except that externally it was covered by a thin membranous cyst closely adhering to it. Some time afterwards the same man applied to the hospital a second time, having two tumors on the neck, each of the size of a double walnut. These bore no resemblance to the common enlarged glands which occur in this situation, and so exactly resembled that which had been removed from the side, that no one entertained a doubt as to their being exactly of the same nature.

Conceiving that there were some obvious objections to a second operation for the removal of a disease so manifestly depending on a constitutional cause, and knowing nothing better to be done, I prescribed the tincture of iodine to be taken internally. Under this course of treatment, which was continued for several weeks, the tumors gradually diminished in size, and ultimately disappeared. I have heard nothing of the patient since; but as I told him that he should be received into the hospital again whenever he applied for that purpose, I think that in all probability he has had no return of the complaint.

I have no right to say that in these cases the tumors were of a malignant nature; at any rate, they were not malignant tumors of the worst kind. I have, however, exhibited the tincture of iodine in many cases of truly ma-

lignant disease, and in a few instances, as it appeared, not without some temporary advantage. For example, I was consulted concerning a lady who was supposed to labor under a tumor of the breast : I found, however, on examination, that the breast itself was in a healthy state ; and that in this, as in some other cases which have fallen under my observation, the apparent enlargement of the breast was the consequence of its being elevated by a tumor beneath it. The tincture of iodine was given internally, and under its use the tumor became so much reduced in size, that I

had the credit, with the patient and her friends, of having cured an obstinate disease. The amendment, however, was of short duration. Soon after discontinuance of the medicine, the tumor began again to increase in size, and the iodine, which was a second time administered, had now no dominion over it. The patient ultimately died, and, on inspecting the body, it was ascertained that there was a medullary or fungous tumor, which had its origin in one of the ribs below the breast and pectoral muscles. The same disease existed also in other parts of the body.

BOSTON, TUESDAY, MAY 11, 1830.

HOOPING COUGH.

THE nature and treatment of this singular disease seem likely to maintain their place among the most fruitful themes of speculation and inquiry. We notice an attempt lately made in France, by a learned body in Paris, to elicit some new light on these mysterious topics by offering a prize for the best treatise devoted to their consideration. The prize has been adjudged to a M. Desrouelles, and his essay, thus highly approved, was published in Paris, in 1827, and subsequently translated into German. We have ourselves become acquainted with its contents only by means of the analysis and extracts given in our respected contemporary the *N. A. Journal* ; but as the theory advanced is there very distinctly and clearly stated, we deem ourselves justified in presenting some account of it to our readers.

That a great proportion of the symptoms presented by pertussis belong to inflammation of the mucous membrane of the bronchiæ, there is no reason to doubt. The nature of its remote causes, and the manner of its commencement with febrile symptoms, cough, and mucous expectoration, fully justify this idea. The difficulty which meets us in explaining the disease, consists in the peculiar character which the cough assumes, and which is so frequently described as convulsive or spasmodic. The cause of this, it is said, must be looked for, not in the bronchial passages or lungs, but in the nervous system. Many authors are content to impute this symptom to an irritable state of the system generally, independent of any structural alteration ; a state analogous to that which produces the class of diseases called synclonus by Dr. Good, and includ-

ing chorea and ballismus. Others have referred its seat to particular nerves, and especially to the eighth pair, which they have supposed to be affected with structural disease, accompanied with increased irritability.

Dr. Desruelles adopts a view of the subject different from either of those above stated, regarding the disease as a *broncho-cephalitis*, or, in other words, as a bronchitis, accompanied with cerebral irritation and congestion, which assumes an intermittent character, and the paroxysms of which produce the convulsive cough. This complication, however, does not take place till after the bronchitis has existed for a considerable time. When it does occur, however, it is at once indicated by the altered character of the cough. The irritated brain is then the seat of an increased quantity of blood; and a reciprocal action takes place between this organ, on the one hand, and the thoracic muscles, glottis and diaphragm, on the other. A long inspiration having taken place, the glottis contracts spasmodically, and thus prevents the diaphragm, bronchial vessels and muscles, from expelling freely the air which had been received. When this has been expired, a new inspiration follows like the first, and thus these laborious efforts are repeated, until the mucus accumulated in the bronchiæ is thrown into the trachea, and thence forcibly ejected through the mouth and nose. By this process the cerebral irritation and congestion is relieved for the time, but, after a certain interval, again returns, and gives rise to a new paroxysm.

Such is the theory of M. Desruelles, as stated by our respected authority, who adopts, for the most part, the author's own expressions. With the utmost deference for the *anêt* of the Medical Society referred to, we are still unable to perceive that the above statements throw any new light on the nature of this disease. In the first place, we are told that the bronchitis, after existing a considerable time, produces the cerebral affection; but how it does so, whether by a transfer of inflammatory action, or by nervous influence, we are left to conjecture. This affection, however, is in its nature intermittent; and when a paroxysm occurs, its effect is to produce the cough, and to give to it a spasmodic character, by contracting the aperture of the glottis. Here we seem to want some intermediate effect; for M. Desruelles does not say that the cough is immediately produced by the accumulation of mucus, and then rendered convulsive in consequence of the cephalic affection; in which form, as it seems to us, his statement would be more intelligible. Again, when expectoration takes place, it is followed by an intermission of the cephalic irritation, and no other paroxysm occurs until a new determination takes place to the head. Here again we are led to inquire how this effect follows. The expectoration occurs as a consequence of the cough, but its amount is regulated by the quantity of mucus accumulated, the presence of which is not regarded by M. D. as the cause of the paroxysm, but as an incidental circumstance. The only

circumstance, therefore, which in his view is essential to the removal of the congestion, is the cough itself. But who, we ask, after witnessing the effect of this laborious respiration on the circulating system of the head and neck, could reconcile himself to the notion of its relieving congestion. There is surely nothing in the obvious symptoms of one of these paroxysms which would mark a progressive diminution of cerebral congestion, from the moment of the first inspiration until its termination ; nor is it very easy to realize that such a process actually takes place.

The difficulties thus presented by M. Desruelles' theory, seem to us to arise not so much from a misapprehension of the morbid changes which are actually produced, as from a misstatement of the order in which they occur. That cerebral congestion is a proximate cause of this disease, we are willing to admit ; but instead of regarding it as an original and independent occurrence, and as peculiar in its character, we apprehend it might be more just to attribute its permanent existence to the obstruction of the respiration intimately connected with the state of the bronchial passages, and its periodic increase to the paroxysms of the cough itself. In this view, the successive occurrences being arranged in their natural order, will appear to present an intimate relation to each other. The effect of an inflammatory state, affecting extensively the bronchial surface, and increasing its secretion, would naturally be to render respiration more difficult, and to produce a check of the venous

circulation, the effect of which would be most sensible on the cerebral veins. When the secretion has increased beyond a certain amount, the irritation produced by its presence occasions the cough. The spasmodic effort with which this is accompanied is no doubt produced, as our author supposes, by contraction of the glottis ; in consequence, the expiration is prolonged, the circulation impeded, and the return of the blood from the cerebral vessels obstructed. After a few inspirations, however, the mucus is disengaged and rejected, the bronchial surface unloaded, and the lungs return, for a time, to the healthy performance of their functions.

With respect to the immediate cause of the obstruction which exists in the glottis during the paroxysm, that assigned by M. Desruelles, though not improbable, is to be regarded as a mere hypothesis, wholly unsupported by any direct evidence. As it is difficult, however, to conceive of any local cause capable of producing this effect, it seems to be necessary to rest satisfied with this explanation.

To the treatment of this disease, our author does not appear to have directed any particular attention ; nor, in that which he does recommend, does there appear to be any peculiar reference either to its intermittent character or its encephalic symptoms. The only remedies mentioned are, local bleeding by leeches, pediluvia, and diluents. In fact, the practical portion of the essay possesses little interest, as it does not appear that the author's personal

experience had been by any means considerable. The character assumed by the disease in its chronic state, has always suggested to practitioners the employment of antispasmodic articles; and we know of no combination of these more likely to prove useful than that suggested by a German practitioner, and which was noticed in a late number of this publication.

PHLEGMASIA DOLENS.

OUR readers have no doubt seen, in the pages of this Journal, an account of the new view taken of this disease by Dr. Lee, a distinguished accoucheur in London, who makes it to consist in an inflammation of the veins of the affected limb. We see, by a paper read by Dr. L. to the Medico-Chirurgical Society in London in October last, that subsequent observation has confirmed him in his opinion, and has likewise led him to another conclusion, highly interesting in its connection with the former, viz., that this venous inflammation generally takes its rise from the veins which are ramified on the uterus to furnish the placenta, and particularly from the spermatic branches. In support of this idea, Dr. L. has ingeniously availed himself of the numerous cases lately published by Mr. Guthrie, of phlebitis occurring after amputation. Dr. L. notices the analogy which exists between the state of the uterine surface after the removal of the placenta, and that of a limb which has suffered amputation, and thinks that the same reason exists for the occurrence of ve-

nous inflammation in the one case as in the other. We are then presented with the results of examination of twelve fatal cases, some of which had proved so within the first week from labor, with previous symptoms of hysteritis and peritoneal inflammation, while in the others the immediate cause of death was phlegmasia dolens, occurring after the usual interval of comparative health. In some of these last, however, there had been indications of inflammation within the uterus, and in one the phlegmasia followed upon the hysteritis without any sensible interval. In this case, the whole tract of vein connecting the uterus with the diseased extremity was found to exhibit marks of inflammatory action. This was in fact to be traced not only by the way of the hypogastric and femoral veins, but even through the spermatic into the vena cava, and thence into the veins of the limb. These marks of inflammation consisted in very firm coagula, in a dense secretion adhering to the internal surface of the vessel, in a thickening of its coats, and, in some instances, in an obliteration of its cavity. Appearances approaching those above mentioned, and corresponding to the symptoms manifested by the disease, were found in the other cases examined. The descriptions of these are curious and interesting, but wholly unfit for analysis or abridgment. For the means of forming a just estimate of Dr. L.'s theory, we must refer our readers to the paper itself, which may be found in the XVth Volume of the Medico-Chirurgical Transactions, Part II.

TREATMENT OF WOUNDS AFTER
OPERATION.

THE propriety of permitting incised wounds generally to unite by the first intention, and the advantage of obtaining this mode of union, whenever practicable, after operation, are regarded, we believe, as among the established principles of modern surgery. The latter practice, however, is well known to be adopted with considerable modification by the French. We have remarked, in the *Journal Hebdomadaire*, some observations on this subject by Baron Dupuytren, which seem well worthy of consideration. It is the opinion of this distinguished Surgeon, that more cases of amputation are lost where immediate union is attempted, than where the wounds are allowed to suppurate. Of thirty amputations of various limbs in which the wounds were left open, six terminated fatally; while out of twenty-nine in which union by the first intention was attempted, the number of deaths was nine. The superior safety of the former mode, which seems to be thus in some sort demonstrated, is attributed, by the Baron, to the fact that many of these amputations were rendered necessary by chronic disease of the joints, caries, and ulcers, attended with profuse discharge; and this being suddenly arrested by the rapid healing of the incisions, the disease was transferred to some vital organ, and proved fatal. If this be a true view of the subject, the choice between the two modes should be regulated, in every case, according to the previous circumstances of each individual case. Cases to which the

principle is applicable, besides those above mentioned, must be frequently met with in amputation of the breast, where this is rendered necessary by disease which has proceeded to ulceration. On the whole, however, the proportion of such cases to those in which union should be effected by the first intention, will, admitting the soundness of the principle, remain very small. Its most frequent and important application, as M. Dupuytren himself seems to admit, must be expected to occur in public institutions.

MEDICAL CONVENTION FOR REVISING
THE PHARMACOPŒIA.

AT a meeting of Delegates to the National Medical Convention for revising the Pharmacopœia of the United States, held at Washington, January 4th, 1830, present,

Lewis Condict, M.D., Isaac Pierson, M.D., from the Medical Society of New Jersey.

Geo. B. Wood, M.D., Franklin Bache, M.D., from the Philadelphia College of Physicians.

Jno. L. Morris, M.D., from the Medical Society of Delaware.

Jas. H. Miller, M.D., from the Medico-Chirurgical Faculty of Maryland.

N. W. Worthington, M.D., Thos. Henderson, M.D., from the Medical College of Washington.

The convention was organized by the appointment of Lewis Condict, M.D., President, and Thos. Henderson, M.D., Secretary.

A resolution was then adopted, that the Surgeon-general of the army, the senior Surgeon of the navy, stationed at Washington, and those members of Congress who are practitioners of medicine, be requested to attend the meetings of the convention as members.

In compliance with this invitation, the following gentlemen appeared at subsequent meetings, and took their seats, viz:—Jos. Lovell, M.D., Surgeon-general; Bailey Washington, M.D., senior Naval Surgeon, stationed at Washington; and Nathan Gaither, M.D., of Kentucky, G. E. Mitchell, M.D., of Maryland, and Samuel Swan, M.D., of New Jersey, members of Congress.

At this meeting and that of the succeeding day, the following committees were appointed, viz:—

A committee, consisting of Drs. Wood, Lovell, Worthington, Miller and Bache, to examine and revise the Pharmacopœia, and to submit such revised copy to a future meeting of the convention; and

A committee, consisting of Drs. Bache and Miller, to devise a plan for calling the next convention, and to inquire as to the most convenient mode of preserving the minutes of the present, and all future conventions.

On the 6th, Dr. Miller, the delegate from Maryland, requested and obtained leave of absence from the convention.

At the meeting of the 7th, the committee on the revision of the Pharmacopœia made the following report:—

“The committee appointed on the revision of the Pharmacopœia of the United States, beg leave to report that they have examined a revised draught submitted to them by the delegates from Pennsylvania, with as much attention as their limited time will permit, and recommend it to the convention as the basis of a new edition of that work. As, however, it contains several important modifications, which require a more particular examination than your committee can possibly give them, they recommend that it be referred to a *committee of revision*, to be appointed from the different sections of the country; that the chairman of said committee be requested to open

a correspondence with the several members, for the purpose of submitting the aforesaid draught to their examination, and of obtaining their remarks and observations thereon; that he be authorised and instructed to call a meeting of said committee at as early a period as practicable, to assemble in the city of Philadelphia, and that any three members shall constitute a quorum for the transaction of business; who, after a careful examination of the several communications that may be submitted to them, shall prepare for the press a revised edition of the Pharmacopœia, and make the necessary arrangements for its publication.”

The report was adopted, and in order to carry its recommendations into effect, it was

Resolved, that the committee for the revision and publication of the Pharmacopœia of the United States shall consist of a Chairman, and of two members from each of the following cities, viz:—Boston, New York, Philadelphia, Baltimore, Washington, Charleston, Lexington, and Cincinnati; whereupon the following gentlemen were appointed:—

Thos. T. Hewson, M.D., *Chairman*.
Jacob Bigelow, M.D., John W. Webster, M.D., *Boston*.

Alexander H. Stevens, M.D., John Watts, M.D., *New York*.

Geo. B. Wood, M.D., Franklin Bache, M.D., *Philadelphia*.

Samuel Baker, M.D., Elisha De Butts, M.D., *Baltimore*.

Thos. Henderson, M.D., N. W. Worthington, M.D., *Washington*.

John R. Trescott, M.D., James Moultrie, M.D., *Charleston*.

W. H. Richardson, M.D., B. W. Dudley, M.D., *Lexington*.

John Morehead, M.D., J. Peirson, M.D., *Cincinnati*.

At the same meeting, the committee upon the subject of future conventions, and the preservation of the records, presented the following report, viz:—

"The arrangements which the committee would propose for assembling the convention for 1840, are as follows:—

"1. That the President of this convention shall, on the first day of January, 1839, issue a notice, requesting the different incorporated State Medical Societies, the incorporated Medical Colleges, and the incorporated Colleges of Physicians and Surgeons, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention to be held at Washington, on the first Monday in January, 1840.

"2. That the several incorporated bodies thus addressed, be further requested, by the President, to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors through their delegates, or through any other channel, to the next convention.

"3. That the several medical bodies be further requested to transmit to the President of this convention, the names and residence of their respective delegates, as soon as they shall have been appointed; a list of whom shall be published under his authority, for the information of the medical public, in the medical journals and newspapers, in the month of October, 1839.

"The committee further report, that the following plan for the preservation of the records of this and future conventions be adopted, viz:

"1. That the Secretary of this convention take charge of and preserve the existing records, until his successor shall be appointed, when it shall be his duty to hand them over to such successor.

2. "That in case of the death, resignation, or inability to act, of the Secretary, his duties shall devolve upon an assistant Secretary now to be appointed.

"3. That it be recommended to future conventions to appoint their secretary or secretaries from members residing in the District of Columbia.

"As it is proper to provide for any contingency which may deprive the present convention of the services of its President before a successor shall be appointed, the following provision is recommended, viz:

"That in case of the death, resignation, or inability to act, of the President of this convention, his duties shall devolve on the Secretary, and in case both these officers shall be unable to serve, their duties shall devolve on the assistant Secretary."

This report was adopted, and Dr. Worthington was chosen assistant Secretary.

The convention then adjourned *sine die*.

LEWIS CONDUCT, *President*.

THOS. HENDERSON, } *Secretaries*.
N. W. WORTHINGTON, }

Excoriation of the Nipples.—Dr. Sibergundi, of Dorston, strongly recommends the following application, for the speedy cure of excoriation of the nipples during suckling:—

Take of the Watery Extract of Opium,
one grain;
Lime Water and Oil of Almonds,
of each three drachms.

To be kept constantly applied to the nipples by means of a little lint, during the intervals of suckling. We should prefer the decoction of quince-seed to the oil of almonds.

Tænia found in Water.—The statement of Linnæus that he had found the tænia in water, has been generally doubted. MM. Bayer and Eysenhardt, however, have confirmed the observation. At a spot near the embouchiere of the Pregel, two leagues from Königsberg, the water was filled with specimens of the *botriocephalus solidus*, four of which they procured alive. It is proper to add, however, that at the same place were found a number of little fish, most of which had an unusual

swelling of the belly, from which, on being pressed, a worm of the above kind escaped, and which continued to live in water two days after its expulsion.

Test of Castor.—To ascertain if tincture of castor has been prepared from the Canadian or Russian drug, it is only required to pour some drops into distilled water. A milky mixture results. The addition of ammonia renders this clear and completely colorless, if the tincture has been made with Russian castor; but it remains turbid, if the American castor has been used.

Method of killing Insects for Preservation in Cabinets.—This method consists in enclosing the insect in a paper or thin wooden box, and exposing it, for one or two seconds, to heat near a fire. The heat immediately kills insects the most tenacious of life. The process does not alter the most delicate colors; but if the heat be continued too long, the wings and other parts of the body begin to wrinkle.

Injections of Balsam Copaiba.—This balsam has been successfully used in gonorrhœa of long standing, or rather in gleet, by Dr. Coons, of Alabama. Thus used four or five times a day, it cured the disease after resisting a variety of other remedies.

The Varioloid.—It is said the varioloid is prevailing in and about

Harrisburgh, Penn., and that it has attacked with some severity persons pitted by smallpox.

DR. JOHN BROWN.—The Editor of the London Medical and Physical Journal says of this renowned author of a new Theory of Medicine,—“It is well known that this admirable scholar, and most ingenious medical theorist, died at a comparatively early age, leaving a wife and young family entirely unprovided for. Had he lived longer, he would have enjoyed the gratification of knowing that his doctrines were adopted on the continent of Europe, particularly in Germany and Italy. Indeed they form the basis of the more recent theory of Rasori and Tommasini, which is now very generally adopted in the latter country.”

Dr. J. W. FARNUM, of Providence, has been appointed Professor of Chemistry in Kenyon College, Ohio.

We have to acknowledge a very amusing piece of burlesque by two stars. Though our sides are yet smarting, we cannot refrain from thanking our correspondent for the entertainment he has furnished us, though we presume he never for a moment supposed this effusion of his wit could with any propriety be presented to the eye of the public.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING APRIL 23.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age	Disease.
April 15.	F.		suicide	M.	10 mo.		dropsy on the brain
16.	M.	48 yrs	lung fever	M.	52 yrs		cholera morbus
	M.	4 mo	dropsy on the brain	F.	5 mo		lung fever
	M.	7 yrs	do.	M.	70 yrs		old age
17.	M.	82	old age	M.	20		typhous fever
	F.	32	fungous tumor	21.	F.	53	consumption
19.	M.	65	disease of the heart	M.	31		dropsy
	M.	61	lung fever	22.	M.	32	inflammation on lungs
	M.	54	unknown	M.	7		unknown
	M.	42	apoplexy	23.	F.	40	dropsy
	M.	20	diabetes	F.	21		old age
20.	F.	18 mo	infantile	F.	70		canker
	F.	21-2y	consumption	F.	8 wks		

Males, 16,—Females, 10. Total, 26.

ADVERTISEMENTS.

THE BOOK OF HEALTH.

RICHARDSON, LORD & HOLBROOK, No. 133 Washington St., Boston, have just published THE BOOK OF HEALTH; a compendium of Domestic Medicine, deduced from the experience of the most modern practitioners; *entirely divested of technicalities*, and rendered familiar to the general reader; including the mode of treatment for diseases in general. A plan for the management of infants and children; rules for the preservation of health, and for diet, exercise, air, and the preparation of food; remedies in cases of accident; suspended animation; rules for preventing contagion; a *Table of Poisons* most frequently taken, with the symptoms, and directions how to act when medical aid is not at hand. A Domestic Materia Medica, &c. &c. First American, from the second London edition; revised and conformed to the practice of the United States, with additions, by a Fellow of the Massachusetts Medical Society.

Extracts from the Preface to the American Edition.

"Its chief value, and certainly not a trifling one, is the fact that it embodies in a small compass the opinions of some of the most eminent modern physicians and surgeons of Great Britain, such as Drs. Bailey, Clutterbuck and Armstrong, among the former, and Sir Astley Cooper, Mr. Abernethy and Mr. Lawrence, among the latter." * * * *

"*The Table of Poisons*, with their attendant symptoms, and the mode of treatment when medical aid is not at hand, it is thought will be peculiarly useful, as it not unfrequently happens where they may have been taken, that no such aid is to be had, and where, if *immediate* remedies be not applied, the person may be irretrievably lost. But if, in such a moment, this table is at hand, the remedy may be at once resorted to, and the patient saved. The same remarks will also apply to the directions given for procedure in cases of *suspended animation*, from drowning, lightning, hanging, &c."

"Great care has been taken throughout not to recommend, in any case, medicines or a course of treatment which may be considered dangerous or doubtful in

the result; on the contrary, cautions are constantly given *against* the use of them, and recommendations, in all cases of doubtful or critical character, of immediate recourse to medical aid."

May 11.

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

MORBID ANATOMY.

CARTER & HENDEE have just received,—The Morbid Anatomy of the Stomach, Bowels and Liver; illustrated by a Series of Plates from Drawings after Nature, with explanatory letter press, and a Summary of the Symptoms of the Acute and Chronic Affections of the above-named Organs. By JOHN ARMSTRONG, M.D.

The above work will be completed in six numbers, at \$6.00 each. Three numbers are already published. Subscriptions received by C. & H.

Oct. 6.

2am3m

A TREATISE on the Scrofulous Disease, by C. G. HUFELAND, Physician to the King of Prussia, &c., translated from the French of M. Bousquet, by Charles D. Meigs, M.D., is just received and for sale by CARTER & HENDEE.

Sept. 8.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
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VOL. III.]

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[No. 14.]

I.

MR. LAWRENCE'S LECTURE ON THE
NATURE, CAUSES AND TREATMENT
OF MORTIFICATION.

MORTIFICATION is the death of a part,—that is, of a part only; the death of a part with a peculiar change of structure in it, the result of a previous and peculiar vital action. By this latter circumstance, mortification is distinguished from simple death,—as in the case of an amputated limb, or from the temporary suspension of vital action, as when parts are frost-bitten; or from putrefaction, which frequently takes place after mortification has occurred, but which is by no means essential to the process; and, indeed, some kinds of mortification are to be considered as complete preservatives against putrefaction. It is also to be distinguished, by the same circumstance, from the chemical decomposition which is produced by heat, or the application of various chemical agents to a part of the body.

Mortification, gangrene, and sphacelus, are terms that are used nearly indiscriminately; yet perhaps there are some shades of difference between them. Mortification is the most general term; gangrene, perhaps, is more particularly employed to denote external superficial mortification; and

the word *sphacelus* is employed in cases of an entire limb, or a considerable portion of a limb, mortifying. We use the words *slough* and *sloughing* as synonymous with those that I have just mentioned; but these terms are English words, derived, according to Horne Tooke, from the Anglo-Saxon. *Sloughing* is equivalent to perishing, and the term *slough* denotes that portion of the body which has perished. Now you recollect that the word *slough*, in common language, is applied to the covering of the snake, which separates annually from the surface of its body; in short, *slough* denotes the portion that has perished, and is thrown off the body.

Mortification consists in a cessation of the living action of the part; or more particularly, we may say, in a cessation of circulation in the part. The consequence of this is, that the part loses its heat, its sensibility, its power of motion, and its natural color; it becomes blue or livid, or brown, or blackish, or assumes various combinations of all these different tints.

When this cessation of vitality has taken place, the part then undergoes spontaneous or chemical change;—the textures that compose it become softened. Very commonly the part, at the time it mortifies, contains an abundance of fluids; all its vessels are replete

with them. Now these fluids, as well as the solid parts which contain them, undergo a chemical change, and the textures of the body become reduced to a pulpy mass that is exceedingly offensive. Gas is disengaged from the parts thus changed. Under other circumstances the part undergoes a change the very reverse of this; for it becomes dry, and shrinks or shrivels up; and instead of putrefying, it passes into a state in which you may preserve it: you may hang it up in the air, and it will keep in this state for years. Now these are two very different changes, both of which are called mortification; but the difference between them cannot escape the notice of the most superficial observer. Hence, from the most ancient times, you find a distinction between the moist or humid gangrene (*gangrena humida*) and the dry gangrene (*gangrena sicca*). These differences are nearly equivalent to the distinction into acute and chronic gangrene, because the humid or moist gangrene is that which takes place from active inflammation leaving the part with all its vessels filled with fluids; while the dry gangrene takes place in a slow and almost imperceptible way. All parts of the body are liable to mortification; I believe we may say *all*, but all are not *equally* liable. The cellular membrane is said to be the most prone to mortification. The skin may, perhaps, come next in order, but is much less liable to it than the cellular membrane. The bloodvessels resist mortification longer than any other texture; and thus, in cases of extensive sloughing, you often find the trunks of large vessels remain unchanged when all the surrounding tissues have perished.

This mention of the resistance of the bloodvessels to the process of mortification, leads me to observe that the blood which is contained in those vessels becomes coagulated in the neighborhood of the mortified part, and even to some distance beyond it; so that when the dead part comes to be separated from the living, there is no loss of blood in consequence of the opening of such vessels. This process of coagulation, in the case where mortification affects the lower portion of a limb, will extend in the main artery very considerably above the part to which the mortification seems to extend externally. This is sometimes witnessed in cases of amputation of the thigh, where, though the mortification has not extended above the knee, the femoral artery has nevertheless been completely plugged up,—filled with coagulated blood, so as not to require a ligature.

The part which has undergone mortification is separated from the sound part of the body by a process which will afterwards be described. I may only mention here that there is a considerable difference in point of the time that is occupied in this separation, in particular cases. You may sometimes find a mortified part separated in a few days; and in other instances the separation will occupy many weeks, or even months; and a similar difference occurs in respect to the time that elapses before the changes that constitute a state of mortification are complete. There is a considerable difference, too, in the constitutional symptoms that are seen in different instances of mortification. In a case of slight mortification of the superficial parts, there are often no constitu-

tional symptoms at all. When mortification is the result of high inflammatory action, there is generally a remission of symptoms on this taking place ;—at the time that mortification occurs, the high febrile disturbance is greatly diminished ; but if the mortification be not very considerable, the local inflammation may go on nearly in the same degree, and there will then be little difference observed in the constitutional symptoms. Where any considerable part of the body has perished, we generally find that constitutional symptoms, of a very marked kind, attend the process. You will have occasion to observe, what we pointed out in speaking of sympathetic inflammation, the conformity between the character of the constitutional disturbance and that of the local disease ; for where a part of the body perishes in this way, you find general symptoms of debility are present,—symptoms approaching very much to typhoid. The pulse is very feeble, intermittent and irregular ; the body is covered with a clammy sweat ;—there is a complete loss of muscular power, sometimes even with syncope ; hiccough takes place ; the alimentary canal becomes distended with gas, approaching to the tympanitic state. In fact, all the circumstances denote the lowest degree of depression in the powers of the system generally.

The causes of mortification are very various : hence the mode of its occurrence, the state of the affected parts, and the whole progress, are very different in different instances. Under the head of causes of mortification, we include a great variety of agencies, which are capable either of suspending

the circulation in a part, or of producing such violent disorder in the circulation as leads to its suspension ; the nature of the affection being essentially a cessation of vital movement in the part. Now, among these causes, there are some which will always produce that effect whenever they are applied to the body : there are others that only produce that effect when applied under certain circumstances ; that is, when they are applied to individuals in a particular state of health, or possessing a particular kind of constitution. Thus certain unhealthy states of the constitution, which are called, in common language, and not very inappropriately, *bad habits of body*, are the most powerful predisposing causes of mortification. There are some changes of the general health in an individual, which will lead to the occurrence of mortification, on the application of an immediate exciting cause. There are also certain states of particular parts of the body which are capable of producing a predisposition to mortification, and in which this will occur very easily. For example : it sometimes happens that the arteries of a limb become considerably changed in structure, and are converted into bony tubes,—they become ossified ; and when this extends from the trunk into the minuter ramifications, you cannot wonder that the circulation in the capillary vessels should be disturbed in such a way as to lead to mortification.

The division, then, of predisposing and direct or immediate exciting causes, is as important in mortification as in the consideration of inflammation and other parts of pathology. Among the causes of mortification, we may enumerate

the application of intense cold to the body, the infliction of any serious local injury, the direct interruption of the supply of blood to the part by pressure, or by ligature of the main artery of a limb. In the same way, certain diseases of the heart, particularly those which produce a contraction of the orifice of the aorta, are capable of leading to mortification. Two or three winters ago, there was a patient in the hospital who had a disease of this kind, and mortification of the toes came on in both feet, in consequence of it. I had very little doubt that it was from disease of the valves of the aorta, so as to interrupt the passage of the blood into that vessel; but the body was removed so speedily after death, that I had no opportunity of examining it.

Local pressure on a part in which there are veins and arteries both, such as the stricture in strangulated hernia, or general pressure on a whole limb, particularly when this is in a state of inflammation, leads to mortification. Now it sometimes happens, after serious injury of a limb, that a bandage is applied to it, and the limb which has received such injury swells; and thus the bandage, which was applied with only a proper degree of tightness at the time, forms an excessively firm ligature over the whole of the limb, and in this way it has happened that even the application of a bandage by a surgeon has led to mortification of a limb, and to death. The pressure on a part of the body by a particular position, long kept up,—for instance, when the patient has been kept lying on the back or hip for a long time, by illness,—the portion of the skin on which he rests

will mortify in consequence of that circumstance. Violent inflammation results, which first excites the circulation, and then leads to its suspension. It appears as if, under violent inflammation, the disorder in the circulation was carried sometimes to a pitch which the part is not capable of sustaining; so that the blood stagnates, and, in fact, the part perishes. Generally speaking, a high degree of inflammation is necessary to produce this effect; but sometimes mortification occurs with a degree of inflammation that does not appear to us to be of the very highest kind; and, in fact, we must consider, in relation to this mode of termination, the state both of the part itself, and of the system in which the inflammation takes place. When a part has been in a weak state, a comparatively slight degree of inflammation will be sufficient to produce mortification; and when a part is frost-bitten, the inflammation, although not violent, leads at once to mortification. In the case of an anasarctous limb, when a blister has been applied to it, or when, by scarification, we let out the fluid with which it is distended, it is by no means uncommon for mortification to be produced by these comparatively trivial injuries; and here you must explain mortification not so much by the amount of inflammation produced, as by a comparison of the action with the degree of power in the part. I have already mentioned to you the fact of a change in the state of the arteries, in which they become ossified: now certain other internal causes, the nature and operation of which are unknown to us, are also capable of producing

mortification. Thus, feeding on ergot of rye, or that particular state in which that affection takes place which the French call *ergoté*, and which we call spur-dried, in some way that we cannot explain, predisposes the individual to mortification ; so that, in those countries where rye is the ordinary article of food in bad seasons, numerous cases of mortification have occurred, obviously owing to this cause.

Mortification, too, sometimes happens in consequence of *external* causes, the nature and operation of which are equally unknown to us. Thus the contact of the skin with an animal substance, in certain states of decomposition, will produce a gangrenous affection which is called malignant pustule.

Now the various causes of mortification that I have enumerated, might be divided under two heads, *internal* and *external*. To the *internal*, those which are most important, belong, viz., those particularly unhealthy states of the constitution which I have mentioned as giving a predisposition to mortification. The prognosis in this mortification is generally serious. There are some mortifications, indeed, which are small in extent, which are derived simply from *external* causes, and which are unattended with any kind of danger. Thus a person may have mortification of the skin covering the tibia, from a blow upon it, and this is scarcely a dangerous occurrence. The skin covering an aneurism becomes thin when this approaches the surface, and it frequently mortifies ; and the same may occur in the skin of an abscess when it points. These are examples of slight mortification from causes

that merely act on a small part of the body, and which are attended with no kind of danger ; but in other instances, and especially those in which mortification is referrible to internal causes, and in which we cannot explain the circumstances in the way above alluded to, the prognosis is always very serious. The extent of the change which mortification produces, the depth to which it goes, the importance of the organ which it affects, and the state of the constitution of the individual in whom it occurs, are all points that must be attentively considered, before you venture to pronounce an opinion as to the probable result of any case.

In an affection of which the nature and cause are so dissimilar, in different instances, you will naturally conclude that no one mode of treatment can be appropriate to all cases. Heretofore, attention has been chiefly given to the circumstance of the loss of vitality in the part affected, and the consequences which would attend the loss of vitality in those parts to which mortification seemed to be extending. Hence the idea has arisen, that means should be taken to stimulate and support the vital power in the part so circumstanced ; and thus the general rule in mortification has been to employ stimulants, local and general, external and internal,—to give bark, tonics, and cordials, as well as full and nutritious diet. This is by no means right as a *general* plan of treatment for mortification. Undoubtedly, in *particular* instances, it is requisite to employ remedies of this character ; but we can by no means say that such practice would be right *generally*.

Again, some have asserted that mortification is always preceded by inflammation, and they have regarded, in the affection, principally the circumstance of its origin, and the inflammatory character of the primary action. It is, perhaps, rather doubtful whether this notion can be completely verified in all cases. It is somewhat doubtful whether distinct signs of inflammation do always precede mortification;—at all events, we should certainly go very far wide of the mark, if we attempted to treat all cases of mortification by antiphlogistic means. You can easily suppose that, in that kind of extreme exhaustion of the vital powers which characterizes mortification, it would be actual madness to employ antiphlogistic treatment.

The general indications of treatment in mortification are, *first*, to prevent its occurrence; *secondly*, to arrest its progress; *thirdly*, to facilitate the separation of the dead parts from the living, and, under favorable circumstances, it is proper to accomplish that separation by surgical operation. These are the general indications which the treatment of mortification presents.

In considering the first, we must bear in mind *the nature of the particular cause of mortification*. Antiphlogistic treatment will prevent the occurrence of mortification, when it is likely to come on in consequence of acute inflammation; but when a part is likely to go into mortification from exposure to cold, a judicious mode of restoring the temperature of the part will be most likely to obviate its occurrence; and so, in each individual instance, the treatment calculated to prevent the occur-

rence must be adopted, from a consideration of the cause which produces the mortification, and of the particular nature of the affection in the part.

It is an important consideration what are the means by which the second indication can be employed,—*that of preventing the progress of the affection*. Heretofore mortification has been regarded too much in the light of putrefaction, decomposition, and decay of the part affected. In the attempt to fall on those means by which its progress might be arrested, investigations have been made to discover those substances which would prevent the progress of putrefaction in dead animal matter; and it has been argued that the same means which would prevent this, would equally arrest the progress of mortification in a living body. Hence the class of what is called *antiseptics*, that is, of substances calculated to prevent putrefaction, has been principally relied on in the external treatment of mortification;—alcohol, camphor, turpentine and bark, are agents that we well know are capable of preserving, for a length of time, dead animal matter, and of preventing those changes that would otherwise take place. Now, however, you are aware that the change which occurs in mortification is not to be considered as identified with putrefaction; and although those substances that I have mentioned would prevent putrefaction in a dead body, it by no means follows that they would prevent a living part that was in a serious state of disorder from going into mortification. With reference to arresting the progress of mortification, we want to discover, not

what substance would preserve the part for a length of time when dead, but what will prevent the part, while still living, from losing its vitality and passing into a state of mortification. Now if you consider that, in a number of instances, the living parts which are attacked by mortification are in a state of high inflammatory action, you will immediately perceive that alcohol, turpentine, camphor, and such substances, cannot be well calculated to prevent the occurrence of mortification; and indeed we may dismiss altogether, from the catalogue of local means, the substances called antiseptic, which are so much recommended by old writers in the treatment of mortification. Their practice arose from an erroneous view of the subject. There are certain substances which have the power of correcting or of destroying the fetor which attends the process of mortification. Charcoal is one: and thus the application of charcoal to a part which has mortified is often advisable, with reference simply to removing the offensive and annoying smell which accompanies the process. For this purpose you usually find that charcoal, whether in cases of mortification or any other kinds of diseased action which are attended with offensive odor, is recommended. But the most powerful agents in removing these unpleasant circumstances in mortification, are the chlorides of soda and lime, which have lately been introduced for that purpose by the French, and have been proposed by them, not only as applicable to mortification, but as disinfecting agents generally,—as means capable of destroying

offensive effluvia,—effluvia that might produce disease under particular circumstances; and I believe they may be said generally to possess that power in a complete degree. Certainly, if you apply to a part of the body which is undergoing the process of mortification, cloths steeped in a solution of chlorides of soda or lime of sufficient strength, you find the unpleasant smell will be completely removed; and if you sprinkle a little of these fluids over the bed-clothes of the patient, the apartment will be rendered perfectly sweet. Now the French have gone further, and said that these substances are not only capable of destroying the offensive effluvia in mortification and other cases, but that they also tend to arrest the progress of mortification; that they stop the diseased action: and if they did so, they would indeed be important remedies. Mr. Alcock has introduced this subject to the notice of English readers in a publication, in which he has collected the information chiefly of the French writers; and he is of opinion that these substances possess a power of acting on the living parts threatened by mortification, so as to check the progress of the disease. In instances where I have seen them used, it has appeared to me that they are to be regarded merely as disinfecting agents; that they are capable of destroying the offensive effluvia connected with the process of mortification, but that they do not possess the power of checking the progress of mortification by their agency on the living parts to which the mortification is extending.

The *internal* treatment must of course be various, according

to the condition of the general symptoms. In cases of acute inflammation, you may have to employ antiphlogistic means ; but in cases where the symptoms have assumed the typhoid character, which I have already spoken of, you must employ remedies of a contrary kind,—bark, stimuli, wine, brandy, and, in fact, all the means, both in diet and medicine, which are capable of supporting the strength of the patient. Under such circumstances, we cannot lay down any one general rule.

I now come, then, to the third indication,—*the means of favoring the separation of the dead parts from the living.* When the mortification is extending, we cannot accurately trace the boundary between the dead and the living parts; they seem to be confounded together ; and, at all events, near the edge of what we conceive to be the dead part, we find that the living part, if it be not actually black or brown, is perhaps of a dark livid tint, and seems just passing into those colors, and the surrounding living parts are perhaps vesicated. It is in this way that the mortification is carried on, affecting fresh parts in succession. But when the mortification has stopped, we then see a defined edge to the dead part, and we observe that the living portion immediately adjoining the edge assumes a brighter red color ; in fact, the boundary of mortification manifestly shows the occurrence of inflammation, and then the absorbents begin to perform the act of separation, and the division between them gradually deepens. Thus the mortified part is separated.

Now in order to favor, by local application, the performance of

this process, in general all we can do is to keep the part at rest and covered by a soft warm poultice : a poultice of bread or linseed meal answers the purpose extremely well. Sometimes it appears that the natural process by which the separation is effected does not go on so favorably as it ought to do ; that the living parts which adjoin the dead are languid ; that they require some stimulation ; and in fact that the separation goes on better under the employment of local stimuli. An old application of this kind consisted in an admixture of yeast, or the grounds of stale beer, with bread or linseed powdered, to make a poultice. This is called a yeast poultice ; and this may be made rather more stimulating, if it be necessary, by an admixture of oatmeal instead of linseed. Yeast is employed in making the poultice instead of water. The dilute nitric acid may be beneficially employed to hasten the extension of the boundary between the dead and the living parts : a solution containing four, six, and from that to ten drops, to the ounce of distilled water, may be used, and lint dipped in it applied to the part. A little yellow basilicon at times will do much to assist the object in view. Balsam of Peru is another kind of application employed on such occasions, and if it does not stimulate the part much, it at least tends considerably to correct the fetor connected with the process of mortification. In some instances, powdered camphor is advantageously strewn on the surface of the parts in which the process of mortification is going on. It is rather a powerful stimulus, and should only be employed where

the parts are particularly languid. These are the means by which we can favor, in the way of local application, the separation of a part which has mortified from the living portion of the limb.

Then as to the question of *removing the dead part, in case a limb is affected by mortification*. The general rule has been not to perform amputation until the boundary between the mortified and the living part is decidedly established. No doubt this is a very wise rule. In instances where an entire limb is the seat of mortification, it will generally be found that the state of the constitution,—of the health at the time,—has had much to do with the occurrence, and with the progress of the affection, and therefore, until the mortification is decidedly arrested, you may suppose that the same disposition to mortify which has given rise to the first occurrence of the complaint, still exists, and consequently, if you amputate a limb under these circumstances, the wound made by the operation will take on the same condition, viz., mortification. Hence has been grounded the rule which has been laid down, not to think of performing amputation in a case of mortification, until the boundary is completely and decidedly established. When the process of mortification has thus come to a natural crisis, you may suppose that a more healthy condition of the frame has occurred, and you may expect that the wound made in amputation will go through the process required for the cure in a favorable way. I have seen an instance in which the toe, for example, has been the seat of mortification, where the condition of the limb has ap-

peared quite favorable, free from anything like disease; where the patient has seemed in a tolerably good healthy state, and where, from the very slow progress of the affection, it has been supposed that the disposition to mortify was worn out: in instances of that kind where amputation has been performed, although the boundary was not clearly established, frequently, I believe I may say generally, the process of mortification has come on in the stump, and the operation has terminated without any advantage. So that in all instances where mortification arises from or is kept up by *internal* causes, by an unsound state of the constitution, you must not make that the time for performing the operation of amputation. But in certain cases of mortification arising from *external* causes, this rule may be relaxed.

II.

A MODERN INVENTION AMONG THE RUINS OF POMPEII.

DR. JOHNSON, of the Medico-Chirurgical Review, having recently returned from a tour on the continent, has enriched his able periodical by some of the results of his medical researches. Among them we offer the following as one of the numerous instances of like character which are daily occurring in medical literature, and convincing us more and more of the great wisdom of him who hath said "there is nothing new under the sun."

In a late excursion to Pompeii, and examination of the various antiquities rescued from the oblivion of two thousand years be-

neath the ashes of Vesuvius, the Editor of this Journal was much interested by the numerous surgical instruments of our Pompeian forefathers collected in the Museum of Naples. His attention was particularly arrested by WEISS's DILATOR, the original of which may there be seen, so precisely similar to that manufactured in the Strand, that, excepting the handles (one of which is in bronze and the other in ivory) it would be extremely difficult to distinguish the ancient from the modern INVENTION. Upon expressing his surprise at this remarkable coincidence, after a lapse of twenty centuries, the Curator of the Studii (the learned Abbé Jorio) observed that it was probably no coincidence, but a *consequence*. He informed Dr. Johnson that, about ten or twelve years ago, a French gentleman took a memorandum of the instrument in question, and soon afterwards brought out at Paris a *modification* of the Pompeian Speculum or Dilator. Now Mr. Weiss, while improving on the Parisian invention, did actually stumble upon the plan of the original instrument, so that, if the handles were of the same materials, it would be impossible to say which was the elder. It appears from this that of the two modern inventors, Mr. Weiss is the more original and ingenious. The Parisian disguised the model from which he worked, and made a clumsy instrument. Weiss, in his endeavor to improve on the furtive copy, ascended, unconsciously, to the merits of the original!

Among the Pompeian instruments, there is a trocar exactly of the modern shape and size. The catheters are made of bronze,

and very slightly curved, having an eye on one side, like our modern elastic catheters. There are some of these instruments without any curve whatever,—showing that the ancients knew the practicability of introducing the straight staff.

The ancients seem to have been perfectly well acquainted with the *vapor bath*. At Pompeii, Dr. J. examined one which is on a magnificent scale, and admirably adapted for the purpose of a public bath. From a very fine room, heated by braziers, an entrance leads to the CALIDARIUM, or vapor bath, whose walls, floor, and ceiling, are double, and capable of being filled with vapor from two or three cauldrons, by means of leaden tubes. The vapor is admitted into the room itself from the hollow walls, &c., by small capillary apertures, while at one end of the room issues forth, as from a fountain, a jet of boiling water, diffusing still more vapor through the apartment. Seats are ranged around for those who take the bath, and, when finished, they retire into the room heated with warm air, to dry and clothe themselves.

While observing the ingenuity of the Pompeians, it is impossible not to conclude that they were a most degenerate and depraved people. The figures portrayed in fresco on the walls even of the best houses, exhibit melancholy and disgusting proofs of the horrible depth of infamy, and even bestiality, into which they were sunk! It was high time that, like Sodom and Gomorrah, the cities of Herculaneum and Pompeii should be visited by fire and brimstone, to put a period to their iniquities, and draw the veil

of oblivion over their obscenities! That veil, however, has been removed; and an awful catastrophe has preserved more unequivocal proofs and portraits of the private habits of the Italians, than the pages of their best historians!

The Pompeians have been doubly unfortunate. They were smothered in the ashes of the Vesuvius, and they were destined to be exhumed, eighteen centuries afterwards, as specimens of the degeneracy of their times.

BOSTON, TUESDAY, MAY 18, 1830.

PUERPERAL PERITONITIS.

WE mentioned, in our last number, some researches and observations by Dr. Lee, of London, which go to show that the disease called phlegmasia dolens consists in inflammation of the veins of the affected extremity; and farther, that this inflammation has its origin in the veins of the uterus itself, where it produces the local and general symptoms usually characterised as puerperal peritonitis. Did all the facts known in regard to these two diseases agree perfectly with Dr. Lee's hypothesis, this would deservedly be regarded as one of the greatest discoveries in pathology of which modern times can boast, and a most triumphant proof in favor of the benefit conferred on medical science by the examination of morbid structure. In order to make this clear, however, it ought to be shown that all cases of genuine phlegmasia are preceded by symptoms of uterine inflammation; and secondly, that the latter, when occurring after childbirth, commences with, and is dependent on, an inflammation of the veins of the organ. Neither of these facts, as we apprehend, as yet appears clearly proved from Dr. Lee's inquiries. Among the

appearances presented, however, in the examination of puerperal cases, those found in the veins themselves are by no means the least striking or important. More or less notice of these may be found in the works of many authors who have directed their attention to this subject. Many of these observations are confirmed, and some new ones added, in a late memoir by M. Duges, Professor of Medicine at Montpellier in France. As this distinguished individual neither adopts nor seems to be acquainted with the views advanced by Dr. Lee, the circumstances of coincidence and agreement between them are the more interesting. For the benefit of such of our readers as are interested in pathological research, we shall attempt to present a summary of such of M. Duges' remarks as relate particularly to this branch of the subject.

The fact was long since noticed, that the uterine vessels of those who had fallen victims to puerperal inflammation were found filled with a peculiar purulent secretion. This fluid, from its resemblance in appearance to milk, was at one time actually supposed to be such. Its consistence is about that of cream, and its color varies from white to a yellowish

green. When thrown into water, it disturbs it, but is not diffused through the liquid; the greatest part, after remaining for an instant suspended in flakes, descends to the bottom of the vessel.

Sometimes the purulent matter is found concreted, and resembling the coagulated secretion which adheres to the peritoneum. It is met with, for the most part, in the veins and sinuses of the lateral and superior parts of the uterus; rarely in the lower portion. I have, says M. Duges, frequently traced the course of the vessels; they are almost always ramifications of the ovarian or spermatic veins; but the pus can never be traced beyond that portion of these vessels which traverses the substance of the uterus itself; the cavity of the vascular trunks which open into the iliac veins, or pass up by the side of the lumbar vertebræ, is found filled with blood. Even the veins where the pus is deposited exhibit neither redness, thickening, nor inequality. What then is the cause of the secretion? Are we to attribute it to phlebitis? The state of the vessels themselves seems to forbid this conclusion, though such appears to have been the opinion of a modern writer, whose work unfortunately I have not at present with me. By some authors, indeed, appearances have been remarked which indicated true inflammation of these vessels; such as a thickening of the coats, purulent secretion on the exterior surface, adhering coagula or false membranes on the interior, redness of the surface, and a velvet-like appearance. I have indeed met

with true inflammation of the veins possessing all the above characters, perhaps twelve or fifteen times, in the ovarian veins; I have even seen it extend to the renal veins, and once to the vena cava inferior. In the last case, the peritonitis had ceased, and been succeeded by a febrile state with wellmarked remissions.

If the pus is not formed in the veins themselves, what then is the source from which it is derived? Its frequent coexistence with the morbid secretion upon the peritoneal surface, inclines me to consider it as absorbed from this membrane, and therefore as the consequence, not indeed of a real hysteritis, but of an inflammation of the peritonæum which envelopes the uterus, and perhaps of the cellular membrane. That absorption of pus by the veins is not unfrequent, is abundantly shown by the researches of physiologists. It has been already observed that the purulent matter is generally found in the veins near the exterior uterine surface, and especially in the neighborhood of the fundus. The fact that it is not found in the venous trunks, is accounted for by supposing that, being there mixed with the blood, it ceases to be perceptible. That true hysteritis should be of such rare occurrence, and should be found only as a sequel of peritoneal inflammation, is also not difficult to explain, when we reflect on the facility with which serous membranes inflame, and the slowness of the muscular tissue to take on a similar action. Inflammation of the heart, as is known, is very rare, and that of the stomach is almost wholly limited to

its mucous coat. Now as this membrane is entirely wanting in the puerperal uterus, it follows that all the causes of disease which are accumulated in that organ during parturition, concentrate their influence upon its serous tissue, and render this the seat of those severe diseases which so frequently follow on the termination of this process.

LITHOTRITY.

THIS operation, which has attracted so much attention of late years in France, continues to be performed in that country with undiminished success. Messrs. Civiale and Leroy, who are rivals for the honor of having introduced the operation in its present form, hold, we believe, the first rank for dexterity in performing it. In a paper published in the London Med. and Phys. Journal for November last, in which the superiority of M. Civiale's claims is very strongly advocated, it is stated that the number of cures effected by him have already amounted to one hundred and forty. The following account of a case operated on by Leroy, which is abridged from the description of an eyewitness, will serve to give a clear idea of this Surgeon's mode of proceeding, as well as of the operation in general.

The patient, in this case, was a man of 23 years of age, of tolerable constitution, and who had suffered severely with pain in the bladder for more than three years. He was sounded by MM. Boyer and Roux, of the Hospital de la Charité, where he was, who ascertained the existence of a calculus, which did not appear

very large or of the worst description. The first *essai* was made on the 22d of December, the patient having been prepared by previous bleeding and fomentations, which relieved the pain in the bladder and the general irritation. The *bed* employed was one expressly calculated for the purpose of enabling him to rest without constraint or effort; the head was slightly inclined toward the chest, the thighs somewhat flexed upon the pelvis, the feet supported by wooden projections, and placed in leather slippers. The operator, provided with a syringe of moderate size, and ingeniously constructed for the purpose of being managed by one hand, injected warm water into the bladder, through a large curved sound, terminated like a watering pot. The bladder being thus distended until the patient experienced an urgent desire of evacuating it, the lithotritic instruments were introduced through the urethra, very slowly and cautiously, and, except at the moment of passing the fossa navicularis, almost without pain. Having gained the bladder, the three-branched forceps was slowly protruded, and, after a moment's trial, the stone appeared to be seized; this was confirmed by the percussion perceived to be made on it by the drill, and by the projection of the head of this above the other parts of the apparatus. The bow was then put in motion, and after a few turns, the whole thickness of the stone was perforated. In attempting to turn it within the forceps, the operator lost his hold; but he regained it with great address, by means of slight rotatory movements,

which were almost insensible to the spectators. A new perforation was then made; but the patient, who till then had given no proof of pain or uneasiness, was seized with an irresistible impulse to evacuate the organ; the operation was therefore discontinued, having lasted about fifteen minutes.

The patient found himself remarkably relieved, and slept well the following night. During the succeeding day, however, he suddenly found his meatus closed, and violently irritated by the presence of a foreign body. The ward surgeon ascertained this to be a fragment of calculus, and extracted it by means of a loop of silver wire. A considerable quantity of small fragments was afterwards noticed in the vessel containing his urine.

The second operation took place on the 26th. The introduction of the sound and forceps was more painful, on account of a slight swelling produced at the orifice of the urethra, by the passage of the fragment before mentioned. The parietes of the bladder, also, seemed more sensible than before; a foreign body, however, was readily felt, and grasped by the forceps; but, on attempting to hold it more firmly, it crumbled under the pressure. The same manœuvre was practised three times, with a similar result; the relative situation of the parts of the instrument constantly making it evident that fragments were seized; and their easy fracture rendering the use of the bow unnecessary. The following day the patient was perfectly easy; some lithic gravel and some

small fragments of stone were passed with the urine. On the 2d of January, he was carefully sounded by M. Leroy and by both the Surgeons of the hospital. As no remains of calculus could be detected, and it appeared that he was entirely free from pain, he was pronounced cured, and left the hospital.

It is evidently in cases like the above, in which a calculus is soft and friable, that lithotritry achieves its greatest triumphs; for whatever importance may be attached to the expedition of the cutting process, as compared with the tedious and repeated drillings which are necessary to destroy a large compact body, the comparison results very differently when applied to one capable of so easy a reduction as that which was in this instance the subject of operation. It is sufficient, indeed, to compare the actual sufferings of the patient here mentioned, with those which he must have undergone had lithotomy been practised, to be convinced of the benefit conferred on mankind by the introduction and improvement of the operation. On the other hand, we have to consider that the cases which present the most favorable circumstances for lithotritry, bear but a small proportion to the whole number; and that the hardness of the calculus, which forms one of the most frequent obstacles to its success, is so far from rendering lithotomy more difficult or hazardous, that it tends to ensure both its safety and success. It is farther to be considered, in regard to the pain and the danger of lithotritry, how much depends on the tact and dexterity of

the operator. "Those have a very rude notion of lithotric manœuvres," remarks our ingenious reporter, "who suppose that, in order to find the stone, the operator turns the branches of the forceps roughly and blindly (*au hazard*) against the parietes of the bladder. Less practised hands might indeed manage in this way; but any one who sees the instruments wielded by M. Leroy, who follows with his eyes and his thoughts, even into the interior of the bladder, that cautious, gentle, and nicely regulated play of the various pieces of the apparatus, must find his prejudices and objections yielding to admiration and confidence." By those, therefore, who have M. Leroy's skill within reach, little persuasion can be needed to induce them to place themselves under his care; while those who are not so fortunate will probably rather submit to the old process, than become the subjects of a doubtful experiment in the hands of a less experienced and less adroit practitioner.

SINGLE-HORNED RHINOCEROS.

IN the brig *Mars* recently arrived from India, came passenger a Rhinoceros,—*unicornis* of Lin.—aged about fourteen months, and not yet entirely subdued to the control of human will. This is, we believe, the first animal of this description

ever brought to America. There have been but three in England, and the last was carried to that country about forty years ago. It is well known that in size the rhinoceros is exceeded by no animal but the elephant, and that in power, and ferocity when excited, the elephant is much its inferior. We have no room at present to recount the peculiarities of this novel visiter. We can only commend the enterprise of the gentleman who has introduced to the country so remarkable a stranger, and assure our readers that there is no *behemoth* in the case,—the animal is a bona fide Rhinoceros, bearing all the characteristics attributed to that animal by naturalists since the year 1743, previous to which period no accurate description of it was before the public.

Operation of taking up the common Iliac Artery of an Infant.—

An operation has been performed within a few days, in New York city, by Dr. Bushe, Professor of Anatomy in Rutgers College, on a child only two months old, for aneurism of the left labium, which threatened the almost immediate death of the child. As the pulsating tumor was made up of anastomosing branches from the external and internal iliacs, it was necessary to take up the common iliac artery. This was done by the Professor with the greatest safety to the little patient, and without the loss of one ounce of blood. The tumor has shrunk away, and the child is doing well. This operation has never been performed on so young a subject before.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING APRIL 30.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
April 23.	M.	64 yrs	consumption	27.	F.	31 yrs	consumption
24.	F.	73	old age		M.	33	drowned
	M.	20 mo	canker in the bowels		F.	32	consumption
	F.	32	old age	28.	M.	14 d	infantile
25.	F.	69	decline		M.	6 yrs	hydrocephalus
26.	M.	6 w	canker in the bowels		M.	3	convulsions
	F.	52 yrs	consumption		M.	17 mo	unknown
	F.	2 1-2	scald	29.	F.	2 yrs	convulsions
	M.	13 mo	lung fever	30.	F.	8	

Males, 9,—Females, 9. Total, 18.

ADVERTISEMENTS.

THE BOOK OF HEALTH.

RICHARDSON, LORD & HOLBROOK, No. 133 Washington St., Boston, have just published THE BOOK OF HEALTH; a compendium of Domestic Medicine, deduced from the experience of the most modern practitioners; *entirely divested of technicalities*, and rendered familiar to the general reader; including the mode of treatment for diseases in general. A plan for the management of infants and children; rules for the preservation of health, and for diet, exercise, air, and the preparation of food; remedies in cases of accident; suspended animation; rules for preventing contagion; *a Table of Poisons* most frequently taken, with the symptoms, and directions how to act when medical aid is not at hand. A Domestic Materia Medica, &c. &c. First American, from the second London edition; revised and conformed to the practice of the United States, with additions, by a Fellow of the Massachusetts Medical Society.

Extracts from the Preface to the American Edition.

"Its chief value, and certainly not a trifling one, is the fact that it embodies in a small compass the opinions of some of the most eminent modern physicians and surgeons of Great Britain, such as Drs. Bailey, Clutterbuck and Armstrong, among the former, and Sir Astley Cooper, Mr. Abernethy and Mr. Lawrence, among the latter." * * * *

"*The Table of Poisons*, with their attendant symptoms, and the mode of treatment when medical aid is not at hand, it is thought will be peculiarly useful, as it not unfrequently happens where they may have been taken, that no such aid is to be had, and where, if *immediate* remedies be not applied, the person may be irretrievably lost. But if, in such a moment, this table is at hand, the remedy may be at once resorted to, and the patient saved. The same remarks will also apply to the directions given for procedure in cases of *suspended animation*, from drowning, lightning, hanging, &c."

"Great care has been taken throughout not to recommend, in any case, medicines or a course of treatment which may be considered dangerous or doubtful in

the result; on the contrary, cautions are constantly given *against* the use of them, and recommendations, in all cases of doubtful or critical character, of immediate recourse to medical aid."

May 11.

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Knappa Lambda Association of the United States.—No. 18. For April, 1830.

NEW MEDICAL BOOKS.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISSY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

A TREATISE on the Scrofulous Disease, by C. G. HUFELAND, Physician to the King of Prussia, &c., translated from the French of M. Bousquet, by Charles D. Meigs, M.D., is just received and for sale by CARTER & HENDEE.

Sept. 8.

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VOL. III.]

TUESDAY, MAY 25, 1830.

[No. 15.]

I.

MR. LAWRENCE ON MORTIFICATION.

AFTER the remarks contained in our last, Mr. Lawrence went on and concluded his lecture as follows:

Having offered to you these general observations relating to mortification, I have a few words to say respecting some particular points.

Mortification may be produced by *cold*. Cold, whether it be applied to the body *generally*, or to any *particular* part, has, in a very decided manner, the effect of diminishing vital action. Thus, in countries that are very cold, where persons frequently have certain parts of the body exposed to a temperature below the freezing point, it is by no means uncommon to have such parts chilled, reduced in temperature, and in fact actually frozen. As this is a common occurrence in those countries, experience has taught their inhabitants what is the proper mode of proceeding when a part of the body is thus frost-bitten, in order to prevent it going into a state of mortification. Now it has been found, that if a part of the body thus chilled is brought to the fire, it loses its vitality, and invariably mortifies; and the only mode to prevent this, is to raise the temperature of the chilled part *gradually*, by applying to it, in the

first instance, snow or iced water, the temperature of which is only a little above the part itself. The state of freezing is thus removed; and then, though the vital movement had ceased for a time, although the circulation had actually been stopped, the movement and the circulation will return again, and the part recover without going to mortification. This is the mode of treatment in frost-bite.

In respect to the mortification that arises from *local injury* affecting any limited portion, there has but little been said in any book on the mode of treatment,—the occurrence is unimportant, and no rules have been laid down.

The mortification which arises from *serious local injury*, and which affects an *entire* limb, is one of very great consequence. This comes on in consequence of extensive bruises or lacerations,—in consequence of very severe gunshot wounds,—in consequence of bad fractures;—these last sometimes produce a complication of displacements, with extensive lacerations of the soft parts, perhaps even the injury of some of the principal vessels and nerves. Under such circumstances, mortification will come on suddenly in an entire limb. The limb swells, and loses its natural color; it becomes *livid*, black and blue, and loses its temperature. A thin effusion is found

disseminated through its textures, the cuticle separates, vesicles occur filled with fluid, and these changes in a short time will extend to the whole of the limb, and quickly reach the trunk of the body. This occasions that which is called *traumatic gangrene*,—that is, gangrene consequent on a wound or violent local injury.

You may judge of the rapidity of the affection in this case by what Larrey mentions, who has given several instances that he had observed, principally in consequence of gunshot wounds. He says that in some of these he has seen the process of mortification reach the trunk in six hours. If such a case be left to itself, death is inevitable. The only question is, whether, under these circumstances, provided we see the case sufficiently early, we may attempt to save the patient by amputation: as for waiting for the boundary, here it is out of the question; to do so is to lose the patient. This, therefore, is a case in which it becomes a question whether we ought to adhere to the general rule that I have previously laid down. Now here we must consider not merely the state of mortification in the limb, but also the condition of the patient's constitution in whom it occurs. There are certain individuals of a bad constitution in whom traumatic gangrene may take place, and in whom the mere state of the system alone, independently of the serious local injury, would be a sufficient reason against performing amputation. I mentioned, in a former lecture, having seen one of Whitbread's draymen brought to this hospital, in whom, from a small graze of the leg, in about forty-eight hours mortification had extended to the whole of the lower

extremity. In an individual in whom so serious an effect could be produced from so slight a cause, amputation would be out of the question. About three or four weeks since, I was sent for to see a gentleman, without being aware of the nature of the case that I should have to witness; and, on entering the room, I was much surprised with the look of the patient. He began to speak, but he appeared as though he could hardly exercise the muscles of articulation. I put my fingers on his pulse, and found it sinking. The hand was cold, and I then found he had an affection of the other arm, which I was desired to look at, and when it was opened, to my great astonishment, I found the forearm mortified. It was cold, livid, and discolored, and the process of mortification extending up the arm. On inquiring into what had occurred in this case, I found the gentleman was not aware of any other cause for this state of the limb, except that some one, who passed him in the street, had struck him upon the elbow a few days before. The part became uneasy; it swelled, and he applied to a medical man, who sent his assistant, and he applied some leeches for him. But the medical gentleman himself, by whose desire I was requested to see the patient, had not seen him until within less than forty-eight hours of the time of my seeing him; so that, in that short period, this traumatic gangrene had extended, as I have mentioned, from so trifling a cause. It is obvious that, under such circumstances, it would have been of no use at all to have thought of amputating the limb. In the feeble state to which this person was reduced, the mere operation would have been sufficient to extinguish

life, and in fact the patient died within twenty-four hours of my seeing him.

A number of years ago an Irishman was brought to this hospital, who had fallen from a scaffold three stories high. He did not fall direct to the ground, but from the third story to the second, from the second to the first, and from thence to the ground; by which he received a severe injury of the wrist. He was under the care of Sir Ludford Harvey. I came to the hospital one morning, and was requested to see this patient;—it was about three or four days after his admission. On the preceding night, at bedtime, the dresser under whose care he was had left him well; for he had seen him late, and he ascertained that he was then well. In the morning the patient told the nurse that he had been in a dreadful state of pain all night; she came to the dresser, and at his request I went to see him. I found the forearm, from the wrist up to the elbow, enveloped by a bandage, which was not tighter than seemed to have been proper; but, in consequence of the limb swelling, it had become too tight. On feeling the hand, it was quite dead. On taking off the bandage, the forearm was livid and cold up to the elbow; the forearm, in the lower part, was not perhaps actually dead, but in a state immediately implying mortification. The discoloration of the skin reached as high as the shoulder, and this state of the limb had come on in twelve, or at the utmost, fifteen hours. Now this was a stout young Irishman, of excellent constitution, and therefore a fit subject to try to save by operation; and although I could not see that the integument was

perfect in color where it was necessary to amputate, yet I thought I would give him a chance. I removed the arm at the shoulder joint, and in fact the cellular membrane was discolored, and something of a yellow fluid was infiltrated in the part where I made the incision. The case succeeded perfectly, and the patient recovered.

I have seen one or two other instances in which amputation has been successfully performed in traumatic gangrene before mortification had stopped, and consequently before the line of demarcation had taken place between the dead and the living parts. Several such cases are recorded by Larrey, in his "Memoirs of Military Surgery," and I believe of late years there has been an accession of evidence on the same point; so that I have no hesitation in saying that in the case of a patient of a healthy constitution where gangrene arises, as in such cases from external causes simply, you must disregard the general rule that I before mentioned respecting the performance of amputation. The removal of the limb, in many cases, will be the means of saving the patient's life, which otherwise must be inevitably lost, from the serious nature of the affection, and the rapid way in which it extends over the limb.

In elderly persons mortification occasionally takes place, more especially in consequence of the changed state of the arteries of the limb, which become ossified; and this particular form has been called *gangrena senilis*, or the gangrene of old age. A portion of the end of one of the toes, or some part of the foot, becomes livid, the cuticle is raised by a sanious fluid, and

vesication takes place. The patient experiences perhaps little or no pain, and when you open the vessels of the cuticle, and let out the fluid, you see that the skin which is exposed has lost its vitality.

Now the part thus mortified readily shrinks and shrivels; it goes into a state of dry gangrene. The part thus mortified may be separated from the limb, and leave it in a healthy state; but then generally mortification occurs in some other part, and from the slight point at which it first begins, it probably extends and creeps along the foot; so that generally when you have an occurrence of this kind, you find the patient dies from it, although the mortification, in the first instance, may appear to be very slight in extent. It takes place with so slight a disturbance in the part, and so little constitutional affection, that at first you are hardly aware of the venomous nature of the disease. Sometimes this gangrene of the toes of old persons is attended with very considerable pain, and it is this form of the affection in which Mr. Pott warmly recommends the administration of opium in large doses, on account of the pain with which the process is attended. You cannot do better than keep the part at rest, and cover it with a soft poultice, assisting the process by some means of a local kind.

I have mentioned that generally these cases terminate fatally. When you once see a limb vesicate, it is an evidence of the deranged constitution of the individual in whom it occurs; and however favorable the circumstances may appear for a time,

you seldom find that the patient escapes. Some time ago I saw a gentleman in whom this affection had taken place on the under surface of the last phalanx of the great toe: he was between fifty and sixty years of age, and had been in the habit of living well, and by no means working hard; in short he was an indolent person, in a full corpulent state. He ate and drank well, and had got a red pimply face; but was surprised that anything should be the matter with his toe. It gave him little trouble, and it was with difficulty he could be prevailed upon to keep quiet, and not to walk about. However, the part mortified, and he was persuaded to go to bed. The mortified part separated, a granular surface formed, and it appeared to be on the point of healing, when, without any apparent cause, the whole of the toe mortified up to its junction with the foot. A groove took place, and formed a separation between the living and dead parts, and the progress of the mortification was arrested. The soft parts separated, and I cut through the bone with a pair of pincers. A granulated surface appeared, and there was reason to suppose that it might heal soon. However, it assumed a livid character; and a little further on, a deep-seated suppuration, of an unhealthy kind, with a formation of fetid pus, took place in the foot; and thus the patient was carried off.

In the course of the summer of 1828, I saw another gentleman, of about the same age, and a very similar habit of body, in whom mortification took place at the side of the heel. The dead part measured about an inch one way, and three-fourths of an inch the

other. In this gentleman, the process of separation took place in about two months, and he got well, and remains well to the present time. This is an instance which proves that this mortification does not invariably terminate fatally ; but inasmuch as it is generally connected with an unhealthy state of the part, and inasmuch as it generally occurs in patients whose constitutions are impaired by sedentary indolent habits and full living, you will usually find that they terminate badly, although for the time the natural process of separation may take place, and the case may seem to be on the point of doing well.

I may just mention to you, cursorily, the occurrence of mortification from the application of animal matter in a state of decomposition, under the term *malignant pustule*. Under this name a certain state of the skin has been described by continental writers, and I fancy the case is more common with them than with us. It especially happens to butchers, and persons that have to do with hides, and it is said to take place more particularly where butchers have to slaughter animals that have died of disease.

I will only mention one case,—that of a person who was employed in Leadenhall-market. He had to handle some very stinking hides that came from South America ; and in doing so, one of these putrid hides swept by the side of his face. He was aware that it touched him, and that it left some nasty stuff, about one inch and a half square, under the lower eyelid. Where the surface of the skin had been touched, it first became red and swelled, and from

that it became œdematous ; the part that was red measured more than one inch each way, and a slough formed, which occupied not only that part of the skin, but that adjoining the cellular tissue : the part separated, and he lost a great part of the cheek ; but the lower part of the eyelid was saved. This is a singular example of the deleterious kind of effect which decomposed animal substance has over the skin.

II.

TIC DOULOUREUX.

A SOMEWHAT singular case of this distressing malady, cured by a remedy quite unusual, is reported in a London periodical : the patient was under the care of a highly respectable surgeon of that metropolis, and the case, as our readers will see, presents some features not altogether uninteresting or unimportant.

A young lady, about eighteen years of age, experiencing a most acute pain on swallowing her food, either in a solid or liquid form, consulted a very respectable general practitioner, who, after hearing the history of the case, pronounced her malady to be tic douloureux. All the remedies recommended for the disease having rather aggravated the complaint than otherwise, the general practitioner requested the surgeon to whom we have above alluded, to meet him in consultation. The surgeon, after inspecting the throat and listening to her account of her sufferings, pronounced it to be tic douloureux. Blisters, sedative liniments, and several internal remedies, were employed, without

producing any beneficial effect. The paroxysms coming on only during the act of swallowing, the general practitioner observed to her, "If she were my daughter, I would not allow her to take anything by the mouth for some weeks, and support her by nutrient lavements." To this proposal the surgeon consented. A nutrient lavement, consisting chiefly of an egg well mixed with a pint of good broth, and sometimes with fresh milk, was administered three times a day by means of Mr. Read's lavement machine, with a long flexible tube, as lately recommended by Mr. Scott, for the exhibition of this remedy. She was desired to avoid making any attempt to swallow even saliva. By means of nutrient clysters, she was supported in pretty good health for six weeks, during which time she continued free from the disease. She was then allowed to take some broth, which, to her great delight, she was able to swallow without pain, and she has ever since remained free from the disease. This case is not only interesting on account of showing the importance of keeping a part affected with an acute nervous affection in a quiescent state for some weeks, but highly so as showing that a person may be supported by nutrient lavements (as recommended by Mr. Scott, in his late excellent work on lavements) for three weeks, without being sensible of any diminution of strength, or any evident emaciation.

III.

FREE MARTINS.

WE have been favored with the following account, which will not be found uninteresting to the anatomist, by a gentleman of this city who is highly distinguished for the intelligence and success with which he has pursued the Science of Agriculture.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I some years ago had a valuable cow of the English breed, which brought twins,—a bull and a heifer calf. As I had heard much of the character of these animals, commonly called "Free Martins," and knew that some investigations by ingenious anatomists were taking place in Europe as to their peculiar construction, I decided at once to raise them for the purpose of minute observation, and ultimately for dissection, if it should be thought advisable.

At about four years of age, the heifer was slaughtered. Dr. Harris, of Milton, being desirous, with some friends, of remarking on any peculiarity of organization in the case, was present, and the result of his particular observations I send you. It was the opinion of the Doctor that it would be well to give a description of the form, appearance, and habits of the animals, as tending to illustrate the case; which must be my apology for this intrusion.

The male took a premium at Brighton, and was, it is believed, as perfectly formed an animal as has been ever raised in the State. There is much of his stock in very valuable descendants.

The heifer was of delicate form and slender figure; deer-

like in the neck and limbs. Her habits were rather shy and solitary, though well tempered. No disposition for the male ever appeared. This is the more to be noted, as our farmers have, as to this particular, an opposite idea. They are besides said, on the same authority, "to resemble so exactly, that they may be well yoked and worked together." However true this may be in some cases of imperfect organization, it must be here observed, that, though similar in marks and color, the difference of form was most strongly marked.

I am respectfully yours,

JOHN WELLES.

—
Letter of Dr. Harris.

HON. JOHN WELLES.

Dear Sir,—According to our agreement, I attended at the slaughter of your heifer, and examined the sexual organs. You probably are sufficiently acquainted with general anatomy to know that the internal organs of the female are the *uterus*, with its *appendages*, called *ovaria*, &c.; that this uterus, a hollow receptacle, communicates with the external parts by means of the *vagina*, at the commencement of which is situated the *clitoris* and urinary passage.

The uterus of the cow is an oblong cavity, in common parlance *calf-bag*, having at its upper end two processes or *cornua*, which pass off at right angles, and communicate, on each side, with a glandular body, the *ovarium*, which contains the rudiments of the future embryo. The general form, then, of the uterus, with its horns, is that of a T. The *clitoris*, a small vascular body situated at the commencement of the vagina,

near the *meatus urinarius*, is subject, in some animals, to enlargement, appearing, in the individuals in which this occurs, an erectile organ, similar to the *penis*, but imperforate.

In the male we find, besides the external organs, the *vesiculæ seminales* beneath the bladder, which open into the *urethra* or water-passage (together with the vessels of the testicles) just beyond the neck of the bladder.

Mr. John Hunter (*Observations on Animal Economy*) says it appears almost an established principle, that when a cow brings forth twins, the one a bull and the other a heifer, the latter is unfit for propagation, and appears on dissection to be an hermaphrodite, having the genital organs of both sexes united, in different individuals, in different degrees. His observations are illustrated by three cases. In the first, the uterus had no cavity; instead of *ovaria* were found large testicles, in the usual place for ovaries; the *clitoris* was of natural size; and there was a very small udder with four teats.—In the second, the cavity of the uterus was merely a small canal or tube, continued to the bifurcation of the *cornua*; there were both *ovaria* and testicles situated together, the latter being small; and behind the bladder small *vesiculæ seminales*, opening into the urethra. The external parts were smaller than in the cow.—In the third animal, the teats and udder were larger than in the first and second free martins, but smaller than in the cow. The *vagina*, as in the first case, terminated in a blind end, just beyond the bladder; the uterus was imperforate, and there were *ovaria* and *vesiculæ seminales*, but no testicles.

Mascagni (*Bulletin de Med.*, 1811, p. 176) describes an animal which was to appearance a bull, having *all the male organs*, and, besides these, *ovaria, uterus, and vagina*, but no external female parts, the vagina opening into the urinary passage or urethra.

Sir E. Home describes hermaphrodites of other animals.

In the above-cited cases (and I have met with no others of black cattle) we find a union of sex in different degrees. Hence I was led to suspect a similar organization in your heifer. How far my preconceptions were erroneous will appear in the sequel. Unfortunately your man had severed and mangled the external parts before I arrived, but I carefully removed the internal organs, and examined them leisurely at home.

As far as I could determine, your heifer had the external organs very small; teats and udder distinct; the former like those of an ox. The external characters appeared to be those of a fine, well-formed heifer; but of this you can better judge than I could after the animal was dead. She was very fat, the intestines loaded with it. The *clitoris* was very small; the *vagina* terminated, just beyond where the urinary passage entered it, in a *cul de sac*, or blind pouch: from the end of this pouch the *uterus* could be traced, but it was imperforate, and resembled rather a ligamentous cord extending to the bifurcation of the *cornua*. These processes, or horns, were hollow for a short distance, and at their termination were situated small *ovaria*. No trace of testicles or their vessels, nor of *vesiculæ seminales*, could be discovered. This animal, therefore,

could be no other than an imperfect female, in which the uterus had never been developed, and was, of course, incapable of fecundation.

I had written thus far before your letter was received, and am obliged to you for informing me that a parallel case of such an anomaly has occurred to Dr. Mitchell, whose observations I shall be happy to see.

I have delayed sending this letter, from a desire to re-examine the internal organs with a medical friend who has lately assisted in dissecting an hermaphrodite ape in Philadelphia. The result of our investigations was precisely as above stated. The only organs of the male which we could expect to find, were testicles or *vesiculæ seminales*, neither of which could be discovered on the most careful inspection.

I have not given the minutiae of the dissection, but merely stated what appeared most important: and am, with great respect,

Your humble servant,

T. WM. HARRIS.

Milton, Dec. 20, 1826.

HISTORY OF A CASE

Which seems to favor the Views of the Phrenologists.

By CHANDLER ROBBINS, M.D.

SOME time ago, I was called to Mrs. McB., of this city. I found her in bed, suffering severely from pain in that part of the head which corresponds to the locality of the organ of language; viz., behind and above the orbital plates. Besides this pain, which, though intense in degree, was confined to the region above indicated, the lady had no complaint;

her general health was not particularly bad, nor could she assign any sufficient cause for the present attack. By the free application of leeches as near as possible over the seat of the difficulty, and a liberal dose of calomel, she was relieved in a few hours.

The only fact remarkable in this case was, that, during its continuance, Mrs. McB. lost, in a very great measure, her command of words. She could not call up in her mind the name of a phial, for example, a bureau, or any other of the most familiar articles.

There was no inability in the vocal organs; the defect seemed to be in the power of calling up

words in the mind. This opinion was confirmed the following day, when, the facility of expressing herself having returned, she assured me that, during her suffering, her ideas in general were clear, and she was conscious of no defect in the organs of utterance, but that she found great difficulty in thinking of the proper names of the persons and things about her.

Whether the two prominent points in this history are to be regarded as cause and effect, or merely as a singular coincidence, I pretend not to say; but they certainly *appear* to favor some of the views of a too zealous but much abused class of philosophers.

BOSTON, TUESDAY, MAY 25, 1830.

LIABILITY OF PHYSICIANS TO PERFORM MILITARY DUTY.

It was our intention to have discussed this subject at large; but having been restrained from so doing by considerations it is unnecessary to state, we merely offer a single remark respecting the present law as applied to the Faculty.

The reader is aware that an act passed the Massachusetts Legislature at its last session, making certain alterations and improvements in the militia system of the Commonwealth. By this act, all persons over thirty years of age are exempted from active duty, by merely carrying or sending their arms to the place of company inspection on the first Tuesday in May annually. By the old law, the same condition, with the additional duty of attending elections

of company officers, and paying the sum of two dollars into the town treasury, exempted from active duty "all licensed physicians and surgeons," although under the age of thirty. It would seem then, that, by the existing law, such licensed physicians and surgeons, between the age of eighteen and thirty inclusive, are liable to be enrolled for military duty, and must perform the same, or pay the fines affixed by law for neglect of such duty;—they are not now, as heretofore, *conditional exempts*.

To the printed copy of the act passed in March last is appended the following note:—

Note. By the provisions of the 1st and 6th sections of the foregoing law, Deputy Sheriffs and Coroners, Physicians and Surgeons, and all officers who have heretofore held, or may hereafter hold commissions in this

or any other State, for a less term than five years, are obliged to train and do active duty in the militia.

So express are the terms of this note, that the Faculty in many, if not most towns in the State, have been called on to perform their part on the field, without any other question than that concerning their *age*;—in this city, this has certainly been more or less the course pursued by the warning officers. It ought, however, to be understood that there was an immunity granted by the Legislature to the Fellows of the Massachusetts Medical Society, which is still in full force. The seventh section of an act passed March 8, 1803, entitled “an act in addition to an act entitled, an act to incorporate certain Physicians by the name of the Massachusetts Medical Society,” is in the following words:—“*And be it further enacted*, That the Fellows of the said Corporation shall not be liable to be mustered or enrolled in the militia of this Commonwealth.” Thus it appears that this privilege extends to *enrolment*, and consequently protects them from any fines or exigences which must be grounded on the militia register.

It has been supposed by some, that this act of 1803 is repealed by that of 1830, and hence the immunity granted by it is at an end. This cannot be the case. The Mass. Med. Society is an institution for the immediate benefit of the people of this Commonwealth, and was instituted for the two-fold purpose of enabling the Faculty, by combined effort, the better to guard the health of individuals, and the communi-

ty, and of protecting our citizens from the impositions of quackery. It is a tribunal, instituted by the State, at which the merits of those pretending to medical knowledge are decided. The Society is obliged, by a law of the Commonwealth, to appoint censors, whose duty it is to examine candidates for the practice of the healing art; and if such censors refuse to examine such candidates when regularly presented, they are subject, by the same act, to a penalty of *one hundred pounds*.—It is in view of these and other services required by the Legislature, that the Fellows of the Society have, from the Commonwealth, the pledge of entire exemption from service in the militia; until, therefore, the charter of the Society shall be forfeited by a neglect of the conditions on which it was granted, this immunity can be claimed by its Fellows.

Those Physicians and Surgeons who are not Fellows, but only *licentiates* of the Society, have no military privilege whatever in virtue of their profession;—*they* are equally liable with any other class of men to be called out, in the service of the State, to muster and train in times of peace, and aid in defending its borders from aggression in times of war.

MALARIA.

WE presented to our readers, some months since, a copious abstract of Dr. McCulloch's work on this subject. The view taken by this writer, as will be recollected, is, that the malaria, or state of the atmosphere capable of producing fever, is caused by the combined influence of heat,

moisture, and vegetable decomposition; and that the union of all these is necessary for the production of this effect. What is the precise result of this combination, and in what form it exists in the atmosphere to which it imparts properties so deleterious, are questions which have not been satisfactorily answered. Chemical analysis affords no information on these points; for the composition of the atmosphere is not found to vary from its usual proportions in the most unhealthy situations. The nature of the matter of malaria, therefore, can only be inferred from that of the surfaces where it is generated, and from the effects which it produces on the system. From a consideration of these and some other circumstances, a writer in the last number of the *American Journal*, Dr. Faust, has inferred that the noxious ingredient of malaria is nothing else than carburetted hydrogen. He supposes this gas to be united to the moisture of the atmosphere, and in this state to be received into the lungs. In confirmation of this view, Dr. F. quotes the wellknown description, by Sir H. Davy, of the effect of respiring the carburetted hydrogen, and particularly notices the intermittent character of the symptoms thus produced. He also finds in this theory an explanation of the fact that malaria is arrested in its course by elevated ridges of mud, groves of trees, and the walls of buildings. In the latter case, he thinks that the high temperature may cause the evaporation of the aqueous menstruum, and the consequent dispersion of the gas. Where this does

not happen, the addition of smoke is supposed to alter the chemical character of the compound, and to render it innocuous.

We have presented a brief outline of this ingenious theory, the exposition of which certainly evinces the industry and research of its author, and seems to have been intended to meet, if not to answer, all possible objections. That a sufficient amount of carburetted hydrogen may, under certain circumstances, be combined with the moisture of the atmosphere to produce disease when in contact with the lungs, is not difficult to believe; but it would seem extraordinary that a substance of which we possess tests so delicate, and the sensible qualities of which are so peculiar, could not, by either of these means, be rendered evident. The argument derived from the remittent character of the dyspnoea produced in Sir Humphry Davy's case, is in many respects inconclusive. The difficulty which strikes at the root of this and all other hypotheses on this subject, is the impossibility before mentioned of subjecting them to the test of actual analysis. Until the principle of miasma be discovered to have "a local habitation," the attempt to give it "a name" is by no means likely to be attended with success.

LITHOTRITY.

IN a memoir read to the Royal Society of Medicine at Paris, M. Rigal proposes a modification of the instrument generally employed for this purpose. It consists, first, in giving to the drill a spearpointed head,

somewhat larger at its base than the remainder of the drill, but exactly corresponding to a tube which encloses the drill as far as the neck, and which, being longitudinally slit, will allow the head to be drawn within it; and secondly, in roughening the internal surfaces of the forceps, so that they are enabled to act as a file. The stone is seized by this instrument in the usual way, and penetrated by the drill to a certain depth, the perforation thus made being of course just equal in size to the tube. The head is then drawn back, and forcibly enlarging the tube, presses it strongly against the calculus in which it is enclosed, so that the latter becomes firmly fixed. The forceps is then relaxed so as merely to remain in contact with the calculus; the latter is turned rapidly by rotating the drill, and thus filed down to powder, not only at the first sitting, but without the stone's being released from the commencement of the operation to its conclusion.

We do not understand that this instrument has been actually tried, although the report of the commissioners upon it is said to have been favorable. The principal difficulties to be apprehended in the use of such an instrument are, as we think, first, that the attempt to draw the head of the drill within the tube may cause the stone to split; and secondly, that the hold which this shall take on the drill may be too feeble from the first to sustain the action of the forceps, or may become so soon after this action has commenced. It is to be hoped, however, that neither of these difficulties will be found to

exist in actual practice; and that M. Rigal's suggestion will prove as useful as it certainly is ingenious.

DELIRIUM TREMENS.

SOME valuable observations on the nature and treatment of this disease, by Dr. Wright of the Baltimore Almshouse, are contained in the last number of the American Journal. Dr. W. is an advocate for the sedative mode of treating the disease; but thinks that the large doses of opium which are sometimes given when smaller quantities have failed or have appeared to aggravate the symptoms, are attended with danger. In proof of this idea, he very candidly quotes one or two cases in his own practice, where an augmentation of the dose to four or five grains was followed, after a short interval, by death. In one of these the fatal result was preceded by convulsions. The plan recommended by Dr. W. is to commence the treatment with an emetic and cathartic, provided the patient is seen in the early stage, and is tolerably vigorous. In cases where great cephalic irritation is present, these remedies are to be preceded, or, if the subject is feeble, superseded, by local bleeding to the head and epigastrium. If, after these evacuations, a high state of delirium continue, the warm bath is immediately resorted to, at a temperature of about 90°. This is followed by the use of opium, about one grain of which is given every two hours. If the third or fourth dose prove ineffectual, the warm bath is to be repeated. After this the opium is recommenced, but in

smaller quantities, not exceeding half a grain, or even less if the patient is much exhausted, and repeated every hour until sleep is obtained. The favorable influence of these small doses frequently repeated, is made the subject of particular remark. Where the disorder has proved tedious and obstinate, instead of resorting to larger doses, opiate injections are employed, and the bath and cupping repeated. Cases are mentioned in which this treatment has been continued for two or even three days, and finally crowned with success. Dr. W. regards opium as the only narcotic to be relied on, though he has sometimes found camphor a useful auxiliary. The web of the black spider, to which some marvellous virtues have been attributed, was also tried, generally with partial or doubtful effect, but once, by itself, and in the dose of five grains every hour, with unequivocal advantage.

Dr. W. strongly urges the importance of having the solitary apartment, to which the subject of delirium tremens is removed, made dry and comfortable. He condemns the practice of imposing any restraint, as that of a straight jacket, and advises only the use of a leg chain, which, by confining the patient to a space near the bed, may leave the arms and trunk in freedom. As far as our own experience goes, we should think even this might be omitted. Indeed, we have heard a practitioner of this place propose, as the best means of treating the disease, to place the patient in a large room where there were no means of self

injury, and there permit him to exercise until the nervous irritability was exhausted. For the rest, Dr. Wright's remarks evince great good sense, and a practical acquaintance with the subject of which he treats; and we have no doubt that the results which he has obtained from his experience, will be found a safe guide by those who are less frequently called on to treat this singular malady.

DR. JACKSON'S PILLS.

It has become quite common, of late, for the venders of quack mixtures to attach to them the names of persons eminent in the profession of medicine. We decide not, but leave it to every one to form his own opinion, whether or not this is a trick to deceive the people into a confidence in the curative virtue of such nostrums. The old expedient of manufacturing certificates is pretty generally understood, and a resort like that above alluded to would be a very likely and worthy successor to so base a practice.—We see advertised in this quarter, “Dr. Jackson's pills,” and “Dr. Randall's toothpowder,” and we shall probably have, before long, *Dr. Reynolds' Eyewater*, and *Dr. Warren's Ointment for broken bones*. Now, though the ointment, the eyewater, the toothpowder, and the pills, may have been directed by persons bearing such names, yet it should be clearly stated to the public that their authors are not the distinguished Physician, Dentist, Ophthalmic and Operative Surgeon, before mentioned;—that these and all other intelligent men, in and out of the profes-

sion, know full well the great evils which have resulted, and must ever result, from the indiscriminate use of any medicine, known or unknown ;— and that they would violate the dictates of their own consciences, and regard themselves as instruments of destroying, instead of preserving human health and life, by giving any sanction whatever to panaceas or monoceas of any description.

We are happy to find, that, with respect to some of the quack medicines adverted to, the public have been guarded against misapprehensions by the following note to the Editor of the Daily Advertiser.

SIR,—Some medicines have been advertised in this city which purport to be made up by prescriptions of *Dr. Jackson's*, and I find that some persons suppose me to be designated under this name. That no one may be deceived on this subject, I think it proper to state that I have never furnished the prescriptions for the medicines thus advertised ; and that I have never authorized pills, lotions, mixtures, or medicines of any kind, to be sold as articles recommended by me for the cure of any disease. If it should appear that I am the person referred to in any case, I shall avail myself of the remedies the law will afford to stop the abuse. The reason for this may not be obvious to persons not of the medical profession. To the members of that profession it is perfectly known that great evils must result from the indiscriminate use of even a good medicine.

I hope it will not be thought too much, if I request the printers of newspapers in this city, who publish advertisements of medicines with the name of Dr. Jackson attached to them, to republish this article.

I am, Sir, your obedient servant,

JAMES JACKSON.

Summer Street, Boston.

MARYLAND UNIVERSITY.

DR. JOHN D. WELLS, of Bowdoin College, has been unanimously elected, by the Trustees of the University of Maryland, Professor of Anatomy in that Institution. The course of this talented young gentleman, in the path of fame, has been thus far extraordinary for its uninterruptedness and rapidity ;—a circumstance for which he is indebted not only to his native genius and habits of industry, but also to a courteousness of manner and purity of character, which form no less essential requisites to the success of a Physician. The estimation in which our friend is held at Baltimore, or rather the enthusiasm with which he has been received there, may be seen by the following notice which appeared in the Baltimore Medical Journal, shortly before the election above announced.

“Immediately previous to the commencement of the present course of lectures in the University of Maryland, it was publicly announced that Dr. John D. Wells was appointed to discharge the duties of the Anatomical chair for the winter. We have heard, with extreme pleasure, the warm and unreserved expressions of satisfaction uttered on every side, in relation to this appointment. The candidates of the present year, at a recent meeting, have *unanimously* expressed the high estimation in which they hold the talents, learning and eloquence of Professor W., and have declared their earnest desire that he may become permanently connected with their Alma Mater. The Medical Faculty of the Institution have promptly, and with perfect *unanimity*, resolved to recommend him to the Board of Trustees, as a gentleman eminently qualified to occupy

this important station. We congratulate the friends of the Institution on the probable acquisition of an individual who brings to it uncommon and universally acknowledged talent and worth."

MEDICAL LECTURES.

WE have been frequently solicited to publish in this Journal abstracts of the lectures annually delivered to the class at our Medical College. Gentlemen must be aware that so far as the courses the past winter are concerned, such analyses are impossible; and before the next season, we shall have ample time to reflect on the propriety and expediency of such publication.

MEDICAL SCHOOL OF MAINE.

THIS School, which was commenced ten years ago, has succeeded well both in collecting students, and materials for their instruction. The anatomical cabinet, which was received from Europe, and formed in part the private cabinet of the late Prof. Thillaye, of Paris, contains all the preparations which are found necessary for demonstrations, and embraces many valuable specimens in Morbid and Comparative Anatomy.

The Chemical and Philosophical apparatus is ample, and furnishes means for full courses of lectures on these subjects.

By the liberality of the Legislature,

\$1000 are annually received by this Institution; and the Faculty are thereby enabled to make valuable and important additions to the Library, Apparatus and Cabinet, and thus greatly to increase the facilities for obtaining a knowledge of Medicine and its collateral Sciences.

The fees are, for admission to the lectures on Theory and Practice, \$15; on Anatomy and Surgery, \$15; on Chemistry and Materia Medica, \$15; on Midwifery, \$5; and for Diploma, \$10. There is no matriculation fee, nor any additional charge made for the use of the College Library, which contains about 2600 volumes, principally modern works, and an extensive and valuable collection of Plates; among which are the splendid works of Albinus, Vicq D'Azor, Cloquet, Lizars, Home, Scarpa, Cooper, the Bells, Baillie, Bateman, &c.

Massachusetts Medical Society.—

The Fellows of this Society are reminded that their annual meeting will be held in this city a week from tomorrow, when we hope to see assembled a large number of our brethren from different parts of the Commonwealth.

The communication of our "non-medical citizen" is not calculated for a medical journal; we decline publishing it.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MAY 7.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
May 1.	F.	9 yrs	abscess		M.	28 yrs	typhous fever
	F.	16 mo	dropsy in the head		F.	28	childbed
	F.	20 mo	lung fever		M.	2 d	unknown
	M.	34 yrs	consumption	5.	F.	47 yrs	consumption
2.	F.	46	do.		M.	50	typhous fever
	M.	29	unknown		M.	2 1-3	dropsy in the chest
	M.	3	do.	6.	F.	18	typhous fever
	M.	69	paralytic		M.	9 mo	measles
3.	F.	30	unknown		M.	33 yrs	typhous fever
4.	F.	46	consumption	7.	F.	25	unknown
	M.	50	insane		Males, 11,—Females, 10. Total, 21.		

ADVERTISEMENTS.

THE BOOK OF HEALTH.

RICHARDSON, LORD & HOLBROOK, No. 133 Washington St., Boston, have just published **THE BOOK OF HEALTH**; a compendium of Domestic Medicine, deduced from the experience of the most modern practitioners; *entirely divested of technicalities*, and rendered familiar to the general reader; including the mode of treatment for diseases in general. A plan for the management of infants and children; rules for the preservation of health, and for diet, exercise, air, and the preparation of food; remedies in cases of accident; suspended animation; rules for preventing contagion; *a Table of Poisons* most frequently taken, with the symptoms, and directions how to act when medical aid is not at hand. A Domestic Materia Medica, &c. &c. First American, from the second London edition; revised and conformed to the practice of the United States, with additions, by a Fellow of the Massachusetts Medical Society.

Extracts from the Preface to the American Edition.

"Its chief value, and certainly not a trifling one, is the fact that it embodies in a small compass the opinions of some of the most eminent modern physicians and surgeons of Great Britain, such as Drs. Bailey, Clutterbuck and Armstrong, among the former, and Sir Astley Cooper, Mr. Abernethy and Mr. Lawrence, among the latter." * * *

"*The Table of Poisons*, with their attendant symptoms, and the mode of treatment when medical aid is not at hand, it is thought will be peculiarly useful, as it not unfrequently happens where they may have been taken, that no such aid is to be had, and where, if *immediate* remedies be not applied, the person may be irretrievably lost. But if, in such a moment, this table is at hand, the remedy may be at once resorted to, and the patient saved. The same remarks will also apply to the directions given for procedure in cases of *suspended animation*, from drowning, lightning, hanging, &c."

"Great care has been taken throughout not to recommend, in any case, medicines or a course of treatment which may be considered dangerous or doubtful in

the result; on the contrary, cautions are constantly given *against* the use of them, and recommendations, in all cases of doubtful or critical character, of immediate recourse to medical aid."

May 11.

NEW MEDICAL WORKS.

JUST published, and for sale, by CARTER & HENDEE,—

A Treatise upon the Semeiology of the Eye, for the Use of Physicians; and of the Countenance, for Criminal Jurisprudence. By J. F. DANIEL LOBSTEIN, M.D.

A Treatise on Surgical and General Anatomy. By WILLIAM E. HORNER, M.D. In 2 vols. 2d edition, revised and corrected.

The American Dispensatory; containing the Natural, Chemical, Pharmaceutical, and Modern History, of the different Substances employed in Medicine. Together with the Operations of Pharmacy, illustrated and explained according to the Principles of Modern Chemistry. To which are added Toxicological and other Tables; the Prescription for Patent Medicines, and various Miscellaneous Preparations. Eighth edition, improved and greatly enlarged, by JOHN REDMAN COXE, M.D.

May 25.

SULPHUR BATH.

DR. C. ROBBINS requests such persons as desire the use of his private Sulphur Bath, to apply for the same at his house, at 3 o'clock, P. M., any day but Sunday.

Franklin Place, Boston.

May 25, 1830.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Knappa Lambda Association of the United States.—No. 18. For April, 1830.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
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VOL. III.]

TUESDAY, JUNE 1, 1830.

[No. 16.]

I.

DR. RUSH'S THOUGHTS UPON THE
CAUSE AND CURE OF PULMONARY
CONSUMPTION.

THE ancient Jews used to say that a man does not fulfil his duties in life, who passes through it without building a house, planting a tree, and leaving a child behind him. A physician, in like manner, should consider his obligations to his profession and society as undischarged, who has not attempted to lessen the number of incurable diseases. This is my apology for presuming to make the consumption the object of a medical inquiry.

Perhaps I may suggest an idea or fact that may awaken the ideas and facts which now lie useless in the memories or common-place books of other physicians; or I may direct their attention to some useful experiments on this subject.

I shall begin my observations on the consumption, by remarking,

1. That it is unknown among the Indians of North America.

2. It is scarcely known by those citizens of the United States who live in the *first* stage of civilized life, and who have lately obtained the title of the *first settlers*.

The principal occupations of the Indian consist in war, fishing and hunting. Those of the *first settler* are, fishing, hunting, and

the laborious employments of subduing the earth, cutting down forests, building a house and barn, and distant excursions, in all kinds of weather, to mills and courts; all of which tend to excite and preserve in the system something like the Indian vigor of constitution.

3. It is less common in country places than in cities, and increases, in both, with intemperance and sedentary modes of life.

4. Ship and house carpenters, smiths, and all those artificers whose business requires great exertions of strength in the open air, in all seasons of the year, are less subject to this disease than men who work under cover, and at occupations which do not require the constant action of their limbs.

5. Women, who sit more than men, and whose work is connected with less exertion, are most subject to the consumption.

From these facts, it would seem that the most probable method of curing the consumption, is to revive in the constitution, by means of exercise or labor, that vigor which belongs to the Indians, or to mankind in their first stage of civilization.

The efficacy of these means of curing consumption will appear, when we inquire into the relative merit of the several remedies which have been used by physicians in this disease.

I shall not produce among these remedies the numerous receipts for syrups, boluses, electuaries, decoctions, infusions, pills, medicated waters, powders, draughts, mixtures, and diet-drinks, which have so long and so steadily been used in this disease; nor shall I mention, as a remedy, the best accommodated diet, submitted to with the most patient self-denial: for not one of them all, without the aid of exercise, has ever, I believe, cured a single consumption.

1. *Sea-voyages* have cured consumptions; but it has been only when they have been so long or so frequent as to substitute the long continuance of gentle, to violent degrees of exercise of a shorter duration, or where they have been accompanied by some degree of the labor and care of navigating the ship.

2. *A change of climate* has often been prescribed for the cure of consumptions; but I do not recollect an instance of its having succeeded, except when it has been accompanied by exercise, as in travelling, or by some active laborious pursuit.

Dr. Gordon, of Madeira, ascribes the inefficacy of the air of Madeira in the consumption, in part, to the difficulty patients find of using exercise in carriages, or even on horseback, from the badness of the roads in that island.

3. *Journeys* have often performed cures in the consumption, but it has been chiefly when they have been long, and accompanied by difficulties which have roused and invigorated the powers of the mind and the body.

4. *Vomits and nauseating medicines* have been much celebrated for the cure of consumptions. These, by procuring a temporary

determination to the surface of the body, so far lessen the pain and cough, as to enable patients to use profitable exercise. Where this has not accompanied or succeeded the exhibition of vomits, I believe they have seldom afforded any *permanent* relief.

5. *Bloodletting* has often relieved consumptions, but it has been only by removing the troublesome symptoms of inflammatory diathesis, and thereby enabling the patients to use exercise, or labor, with advantage.

6. *Vegetable bitters* and some of the *stimulating gums* have in some instances afforded relief in consumptions; but they have done so only in those cases where there was great debility, accompanied by a total absence of inflammatory diathesis. They have most probably acted by their tonic qualities, as substitutes for labor and exercise.

7. *A plentiful and regular perspiration*, excited by means of a flannel shirt worn next to the skin, or by means of a stove-room, or by a warm climate, has in many instances *prolonged* life in consumptive habits; but all these remedies have acted as palliatives only, and thereby have enabled the consumptive patients to enjoy the more beneficial effects of exercise.

8. *Blisters, setons, and issues*, by determining the perspirable matter from the lungs to the surface of the body, lessen pain and cough, and thereby prepare the system for the more salutary effects of exercise.

9. The effects of *swinging*, upon the pulse and respiration, leave us no room to doubt of its being a tonic remedy, and therefore a safe and agreeable substitute for exercise.

From all these facts, it is evident that the remedies for consumption must be sought for in those *exercises and employments which give the greatest vigor to the constitution*. And here I am happy in being able to produce several facts which demonstrate the safety and certainty of this method of cure.

During the late war, I saw three instances of persons in confirmed consumption, who were perfectly cured by the hardships of a military life. They had been my patients previously to their entering into the army. Besides these, I have heard of four well-attested cases of similar recoveries from nearly the same remedies. One of these, the son of a farmer in New Jersey, was sent to sea as the last resource for a consumption. Soon after he left the American shore, he was taken by a British cruiser, and compelled to share in all the duties and hardships of a common sailor. After serving in this capacity for twenty-two months, he made his escape, and landed at Boston, from whence he travelled on foot to his father's house (nearly four hundred miles), where he arrived in perfect health.

Dr. Way, of Wilmington, informed me that a certain Abner Cloud, who was reduced so low by a pulmonary consumption as to be beyond all relief from medicine, was so much relieved by sleeping in the open air, and by the usual toils of building a hut and improving a farm, in the unsettled parts of a new country in Pennsylvania, that he thought him in a fair way of a perfect recovery.

Dr. Latimer, of Wilmington, had been long afflicted with a cough and an occasional hemoptysis. He entered into the Ame-

rican army as a surgeon, and served in that capacity till near the end of the war, during which time he was perfectly free from all pulmonary disease. The spitting of blood returned soon after he settled in private practice. To remedy this complaint, he had recourse to a low diet, but finding it ineffectual, he partook liberally of the usual diet of healthy men, and he now enjoys a perfect exemption from it.

It would be very easy to add many other cases in which labor, the employments of agriculture, and a life of hardship by sea and land, have prevented, relieved, or cured, not only the consumption, but pulmonary diseases of all kinds.

To the cases that have been mentioned, I shall add only one more, which was communicated to me by the venerable Dr. Franklin, whose conversation at all times conveyed instruction, and not less in medicine than upon other subjects. In travelling, many years ago, through New England, the Doctor overtook the post-rider; and after some inquiries into the history of his life, he informed him that he was bred a shoemaker; that his confinement, and other circumstances, had brought on a consumption, for which he was ordered by a physician to ride on horseback. Finding this mode of exercise too expensive, he made interest, upon the death of an old post-rider, to succeed to his appointment, in which he perfectly recovered his health in two years. After this he returned to his old trade, upon which his consumption returned. He again mounted his horse, and rode post in all seasons and weathers, between New York and Connecticut river (about 140 miles), in which employment he

continued upwards of thirty years, in perfect health.

These facts, I hope, are sufficient to establish the advantages of restoring the original vigor of the constitution, in every attempt to effect a radical cure of consumption.

But how shall these remedies be applied in the time of peace, or in a country where the want of woods, and brooks without ridges, forbids the attainment of the laborious pleasures of the Indian mode of hunting; or where the universal extent of civilization does not admit of our advising the toils of a new settlement, and improvements upon bare creation. Under these circumstances, I conceive substitutes may be obtained for each of them, nearly of equal efficacy, and attainable with much less trouble.

1. Dr. Sydenham pronounced riding on horseback to be as certain a cure for consumption as bark is for an intermitting fever. I have no more doubt of the truth of this assertion, than I have that inflammatory fevers are now less frequent in London than they were in the time of Dr. Sydenham. If riding on horseback in consumption has ceased to be a remedy in Britain, the fault is in the patient, and not in the remedy. "It is a sign that the stomach requires milk (says Dr. Cadogan) when it cannot bear it." In like manner, the inability of the patient to bear this manly and wholesome exercise, serves only to demonstrate the necessity and advantages of it. I suspect the same objections to this exercise which have been made in Britain, will not occur in the United States of America; for the Americans, with respect to the symptoms and degrees of epidemic and chronic diseases, appear to be

nearly in the same state that the inhabitants of England were in the seventeenth century. We find, in proportion to the decline of the vigor of the body, that many occasional causes produce fever and inflammation, which would not have done it a hundred years ago.

2. The laborious employments of agriculture, if steadily pursued, and accompanied at the same time by the simple but wholesome diet of a farmhouse, and a hard bed, would probably afford a good substitute for the toils of a savage or military life.

3. Such occupations or professions as require constant labor or exercise in the open air, in all kinds of weather, may easily be chosen for a young man who, either from hereditary predisposition, or an accidental affection of the lungs, is in danger of falling into a consumption. In this we should imitate the advice given by some wise men, always to prefer those professions for our sons which are the least favorable to the corrupt inclinations of their hearts. For example, where an undue passion for money, or a crafty disposition, discover themselves in early life, we are directed to oppose them by the less profitable and more disinterested professions of divinity or physic, rather than cherish them by trade, or the practice of the law. Agreeably to this analogy, weakly children should be trained to the laborious, and the robust to the sedentary occupations. From a neglect of this practice, many hundred apprentices to tailors, shoemakers, conveyancers, watchmakers, silversmiths, and mantua-makers, perish every year by consumption.

4. There is a case recorded by Dr. Smollet, of the efficacy of the

cold bath in a consumption ; and I have heard of its having been used with success in the case of a negro man, in one of the West India islands. To render this remedy useful, or even safe, it will be necessary to join it with labor, or to use it in degrees that shall prevent the alternation of the system with vigor and debility ; for I take the cure of consumption ultimately to depend upon the simple and constant action of tonic remedies. It is to be lamented that it often requires so much time, or such remedies, to remove the inflammatory diathesis which attends the first stage of consumption, as to reduce the patient too low to make use of those tonic remedies afterwards, which would effect a radical cure.

If it were possible to graduate the tone of the system by means of a scale, I would add, that to cure consumption, the system should be raised to the highest degree of this scale. Nothing short of an equilibrium of tone, or a free and vigorous action of every muscle and viscus in the body, will fully come up to a radical cure of this disease.

In regulating the diet of consumptive patients, I conceive it to be as necessary to feel the pulse, as it is in determining when and in what quantity to draw blood. Where inflammatory diathesis prevails, a vegetable diet is certainly proper ; but where the patient has *escaped* or *passed* this stage of the disease, I believe a vegetable diet alone to be injurious, and am sure a moderate quantity of animal food may be taken with advantage.

The presence or absence of this inflammatory diathesis, fur-

nishes the indications for administering or refraining from the use of the bark and balsamic medicines. With all the testimonies of their having done mischief, many of which I could produce, I have known several cases in which they have been given with obvious advantage ; but it was only when there was a total absence of inflammatory diathesis.

Perhaps the remedies I have recommended, and the opinions I have delivered, may derive some support from attending to the analogy of ulcers on the legs, and in other parts of the body. The first of these occur chiefly in habits debilitated by spirituous liquors, and the last frequently in habits debilitated by the scrofula. In curing these diseases, it is in vain to depend upon internal or external medicines. The whole system must be strengthened, or we do nothing ; and this is to be effected only by exercise and a generous diet.

In relating the facts that are contained in this inquiry, I wish I could have avoided reasoning upon them, especially as I am confident of the certainty of the facts, and somewhat doubtful of the truth of my reasonings.

I shall only add, that, if the cure of consumption should at last be effected by remedies in every respect the opposites of those palliatives which are now fashionable and universal, no more will happen than what we have already seen in the tetanus, the smallpox, and the management of fractured limbs.

Should this be the case, we shall not be surprised to hear of physicians, instead of prescribing any one or all of the medicines formerly enumerated for con-

sumption, ordering their patients to exchange the amusements or indolence of a city, for the toils of a country life; of their advising farmers to exchange their plentiful tables and comfortable firesides, for the scanty but solid subsistence, and midnight exposure of the herdsman; or of their recommending, not so much the exercise of a *passive* sea voyage, as the *active* labors and dangers of a common sailor. Nor should it surprise us, after what we have seen, to hear patients relate the pleasant adventures of their excursions or labors, in quest of their recovery from this disease, any more than it does now to see a strong or wellshaped limb that has been broken; or to hear a man talk of his studies or pleasures, during the time of his being inoculated and attended for the smallpox.

I will not venture to assert that there does not exist a medicine which shall supply, at least in some degree, the place of the labor or exercises whose usefulness in consumption has been established by the facts that have been mentioned. Many instances of the analogous effects of medicines and of exercise upon the human body, forbid the supposition. If there does exist in nature such a medicine, I am disposed to believe it will be found in the class of *tonics*. If this should be the case, I conceive its strength or its dose must far exceed the present state of our knowledge or practice with respect to the efficacy or dose of tonic medicines.

I except the disease which arises from recent abscesses in the lungs, from the general observation which has been made

respecting the inefficacy of the remedies that were formerly enumerated for the cure of consumption without labor or exercise. These abscesses often occur without being preceded by general debility, or accompanied by a consumptive diathesis, and are frequently cured by nature, or by very simple medicines.

II.

PAROTID FISTULA.

THE London Medical and Physical Journal contains the following case of parotid fistula, which was cured with the concentrated sulphuric acid, by Mr. J. Higginbottom.

Miss Brooks, aged seventeen years, received, by instruments used at the time of her birth, a severe injury on the right side of her head and face. Several abscesses formed, and some exfoliation took place above the angle of the lower maxilla. Two of the openings made with the lancet never healed, but terminated in salivary fistulæ; one being situated in the cavity between the mastoid process of the temporal bone, and the condyloid process of the jaw, and the other a little anteriorly to the ear, immediately below the zygoma. The saliva flowed so freely from the openings near the mastoid process, that the patient's neck was constantly in a state of excoriation, and it was necessary to wear napkins constantly upon the breast. Sometimes the orifices would close alternately, but, when that was the case, there was a double discharge from the open one. There was, of course, an increased discharge during mastication.

I first wished to try the most simple means, and attempted to

form an adherent eschar by the nitrate of silver over each orifice. This plan succeeded in healing that orifice, which was situated anteriorly to the ear, on the first application, but it failed in the other: the eschar remained adherent only for a few days, when it was thrown off, and an increased flow of saliva followed.

When this plan had failed, I used the nitrate of silver, and afterwards as firm pressure as the situation would admit, applied by means of orange peas, plates of lead, and adhesive plaster.

This plan having been continued for a long time without any advantage, I had at last recourse to filling the little cavity with the concentrated sulphuric acid, by means of a feather, every fifth day. I soon found that there was no discharge between the times of applying the acid; but, on delaying its application for a few days, the discharge returned. I therefore continued to apply the acid every fifth day, for eight or ten times. At length, on discontinuing it, I found there was no return of the flow of saliva.

This fistula has now been perfectly cured for nearly three years.

III.

SWAIM'S PANACEA.*

IF the only effect of this nostrum had been to elevate its proprietor to a carriage and a fine horse, we should have been well satisfied to hear of him as one of those lucky adventurers who make the public stare for a season, and then float quietly down the stream of life; on which, by the by, the most buoyant bodies are not always the most valuable. But as the real

estimation in which the Panacea is held by the medical profession is not generally known, we think it our duty to enlighten the public on this point; the more especially, also, as Mr. Swaim persists in adducing names and recommendations calculated to egregiously mislead those not fully acquainted with the entire history of the affair. In the year 1823, he obtained from Drs. Chapman, Dewees, and Gibson, of this city, favorable notices of his Panacea, which he continues to publish in the form of certificates. The inference drawn by those who read the newspapers and his book of wonders, of course, is, that the abovementioned gentlemen still entertain the same opinion. If he knows that they do not, is he right in thrusting their certificates on the public? What shall we say then to his persevering in this course, notwithstanding the open, avowed, and published statements of Drs. Chapman, Dewees, and Gibson, of a very different tenor to those which he introduces in the puffs of his nostrum!

Making use of the same language with which he begins one of his advertisements, "*In order to make fully known in what estimation Swaim's Panacea is held by the medical profession,*" we subjoin the formal opinions of Drs. Chapman, Dewees, and Gibson, as expressed in their communications to the Committee of the Philadelphia Medical Society, appointed to inquire into the remedial value of the more prominent specifics sold in Philadelphia.

Letter from Dr. Chapman to the Committee.

Excepting "Swaim's Panacea," I have no knowledge of any

* From the Phil. Journal of Health.

of the nostrums to which you allude in your communication to me. Early in the history of that article I was induced to employ it, as well from professional as common report in favor of its efficacy, and was well pleased at the result in several cases. But more extensive experience with it soon convinced me that I had overrated its value, and for a long period I have entirely ceased to prescribe it.

As to its composition, I have satisfied myself, and by no unequivocal evidence, that it essentially consists of a saturated decoction of sarsaparilla with corrosive sublimate, and that it is an inferior preparation to the syrup de Cuisinier, principally constituted of these two ingredients, and which is now so much used in the practice of this city.

It were easy to point out, and indeed to demonstrate, the great mischief which has resulted from the indiscriminate employment of this nostrum, and I am in possession of a few cases, which, if you wish them, are at your service, eminently calculated to alarm the public on this subject. [Signed],

N. CHAPMAN, M.D.

Philadelphia, Sept. 29, 1827.

Dr. Gibson's Letter to the Committee.

Dr. Gibson, after mentioning that he has found the Panacea to succeed in cases of a particular disease and fail in others, terminates as follows:—"I have never found the remedy of any service in scrofula. In several cases which have come under my notice, ptyalism has followed the use of it." [Signed],

W. GIBSON, M.D.

Philadelphia, Oct. 25, 1827.

Dr. Dewees' Letter to the Committee.

In obedience to a wish expressed in your circular, as regards my knowledge of the effects of the medicine called Swaim's Panacea, I have only to state that I have witnessed its effects in only four, or at most, five cases, in which it proved useful. I have prescribed it several times, but without any decided advantage.

[Signed],

WM. P. DEWEES, M.D.

Philadelphia, Oct. 26, 1827.

It seems, then, from the testimony of those whose certificates in favor of Swaim's Panacea have been so much relied on by the proprietor, his friends and coadjutors, that nothing is adduced therein calculated to inspire any confidence whatever in its use. On the contrary, Dr. Chapman's having long since ceased to prescribe it, and his pointing out cases of its alarming effects; Dr. Gibson's never having seen it succeed in scrofula; and the constant failures when Dr. Dewees has prescribed it, are all circumstances well calculated to deter from recommending it. The only decided effect is that pointed out by Dr. Gibson, viz., of its salivating.

It remains for the public to choose between the opinions of these gentlemen given in 1823, from limited trials of the Panacea, and those advanced in 1827, after a more enlarged experience of its effects. For ourselves, we hold it to be our duty, so long as Mr. Swaim persists in publishing the first, to continue to present the second. On a future occasion, we shall exhibit the opinions on this subject of other medical gentlemen,

“who, in their private as well as public characters, are deservedly ranked among the most scientific of the profession.”

IV.

CASE OF ASCITES CURED BY PARACENTESIS, OR TAPPING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—March 2d, 1829, I was called to prescribe for J. S., a female, aged about 14. Pulse 120; abdomen tumid; had been increasing in size for two months; fluctuation very distinct. Thirsty; paucity of urine, with a thick brick-colored sediment. Tongue slightly furred, and the apex covered with pale red colored prominent papillæ.

After a purgative of croton oil pills, she was ordered a diuretic of Sup. Tart. Pot. ʒi., dissolved in ʒviij. Decoct. Bacc. Juniperi, of which she took ʒij., with gttæ. Vini Colchici xxv., four times daily, and a pill containing alterative quantities of calomel and tart. antimony. This prescription, with the addition of a solution of Nit. Potas. cum. Spt. Nit. dulc. and the substitution of Pil. Jalap comp. every second night, for the calomel pill every night, was continued until the 26th, at which time the tumefaction of the abdomen had nearly all subsided, and did entirely subside in the course of the following fortnight; so that no fluctuation was perceptible.

At the end of about four weeks, during which she took but little medicine, the effusion had returned, and fluctuation was distinctly and strongly perceptible, and the tumefaction very evident. The

diuretic course was again resorted to, and varied in the articles employed, embracing, together with what had before been successfully used, the squill, in combination with calomel, and pushed to the production of a moderate degree of ptyalism, which seemed, for a short time, to diminish the tumefaction of the abdomen. This, however, soon returned, and continued, in spite of all the means used, to increase, until November, when the size and weight of the abdomen rendered it quite difficult for her to move about the room. The pressure of the fluid upwards on the diaphragm embarrassed respiration so much, that she could obtain but little rest by night in a semi-recumbent posture.

At this time she was much emaciated; had but little appetite for food, but an almost insatiable thirst; and the pulse was small, and more frequent and quicker than when at 120. There was now considerable anasarca; tumefaction of the face and neck; urine very sparing in quantity, and of apparently the same physical qualities as was noticed at first.

Nov. 4th, paracentesis abdominis was performed in the linea alba, below the umbilicus, with the flat trocar, and nine quarts by measure of greenish-yellow transparent serum were taken. A broad, strong, double in thickness, laced behind, flannel bandage, was applied, and compression steadily made during the evacuation of the fluid, and a compress put under the bandage after the operation; and she was laced as tightly as she could comfortably bear, and the bandage daily tightened whenever it had

grown slack. Almost the whole volume of the fluid drawn, on the application of nitric acid, was converted into a thick white coagulum, which, when exposed to evaporation, formed a horny cake, having all the physical properties of desiccated coagulated albumen.

The patient was now directed to resume her diuretics, which she did for some months, with the addition of a cathartic of Gamboge and Sup. T. Pot., twice a week, for a few weeks, and ulti-

mately to dispense entirely with its use.

There was no return of the tumefaction or effusion. She has continued to wear the laced bandage, and has taken no medicine, except a cathartic occasionally, for a number of months. Her health appears re-established, and her flesh and strength seem completely regained, at the present time.

Yours, &c.

BURLEIGH SMART.

Kennebunk, Me., }
May 24, 1830. }

BOSTON, TUESDAY, JUNE 1, 1830.

THE PULSE.

THE importance of the pulse as a means of diagnosis in disease, has been acknowledged as long as the science of medicine has had name or existence. Indeed, the fancy of depending on this for exact indications of the nature and seat of disorder, has been carried to a much greater extent in former times than at present. Whoever would wish to see of what degree of minuteness this branch of science is susceptible, need only consult the work of Bordeu, in which will be found described pulses corresponding to almost every possible aberration of the system from a healthy standard. At the present day, the most complicated system of *sphygmology* exists among the Chinese. In fact, this extreme minuteness of observation with regard to the performance of a single function, has generally been connected with ignorance of the structure of the human body, and of

the nature of the processes to which it is subservient. More extended inquiries into these subjects have tended to diminish the confidence of physicians in the indications afforded by the pulse alone, while they have directed their attention to other points, the importance of which was not in former times sufficiently appreciated. At present, the information afforded by the pulse alone of the seat of disease, is by no means to be compared with that to be derived from other sources. As an auxiliary, however, it ought never to be rejected, and occasionally becomes of the highest importance. The disturbance of the circulation produced by pressure upon the brain, whether from effusion or from accidental injury, is perfectly well marked, and cannot be mistaken. The presence or absence of inflammation in general; its existence in a mucous or serous tissue, and the stage of its progress, are questions which must

often, in a great degree, be determined by the pulse.

Some interesting remarks on the varieties of the pulse, independent of frequency, have been lately published in the *N. A. Journal* by Dr. Jackson, of Philadelphia. He observes that the small feeble pulse, which often accompanies deepseated inflammation, may be attributed to the circumstance of the blood being accumulated in the cellular tissue of the part affected, so that a comparatively small amount circulates in the larger vessels. To confirm this idea, he adduces the fact that when acute inflammation exists in an extremity, as the hand for instance, the pulse of the vessels furnishing the part is always small. The fact that the pulse is small in very fat individuals, which is thought by Dr. J. to be independent of the depth of the vessels below the skin, is referred by him to the same general principle.

The only objection which can be made to this view taken by Dr. J. is, that it leaves a large class of cases unexplained, in which internal or visceral inflammation is accompanied by fulness of the pulse, when, according to him, the blood should equally in all be withdrawn from the large vessels, in order to be accumulated in the substance of the affected part. If it be admitted that the smallness and the rapidity of the pulse are always in proportion to each other, it will not be difficult to explain the former circumstance by considering it as a consequence of the latter. If the effect of the disease in the system is such as to render the heart more irritable, it will

contract on a smaller quantity of blood, and less of this fluid will be received by the arterial system at each pulsation. The vessels, therefore, will be less distended, and their own contractility will account for the diminution of their calibres. It is true the question still recurs, how is the increased irritability of the heart produced; and this is precisely the kind of question to which it is impossible to obtain a satisfactory answer. We neither know the proximate cause of that state which we term fever or general excitement, nor how such a state is produced by local causes. Notwithstanding the labors and researches of physiologists, the science itself seems destined to remain a mere congeries of insulated facts. It is impossible to fix the respective domains of vital and physical agency in the system; the former refuses to acknowledge the laws by which it is governed, and every attempt to extend the dominion of the latter seems to terminate only in disappointment. If the world within us is governed by laws as simple as those which regulate inorganized matter, it must still be reserved for the genius of some future Newton to discover and explain them.

LOCAL APPLICATION OF BELLADONNA.

WE mentioned, in a late number, that the application of belladonna to the urethra, by means of a bougie, had rendered easy the passage of the instrument through a stricture which was previously impermeable. A somewhat similar use of the same

article has recently been made by Baron Dupuytren.

A patient applied at the Hôtel Dieu who for some weeks had passed the feces with difficulty, each operation being followed by pain, the duration of which had progressively increased. On examination, the anus was found ulcerated, presenting the appearance of a superficial fissure, and the introduction of the finger was rendered difficult and painful by the powerfully constricted state of the orifice. Unwilling to subject the patient to an incision or cautery, M. Dupuytren directed, as a sedative application to the part, the following ointment, to be spread on a roll of lint, and introduced within the passage :—

R. Axungis, ʒ vi.
Ext. Belladon.,
Acet. Plumb. aa ʒi. M.

This was ordered to remain without disturbance, and to be removed only after each evacuation. Under this treatment the stricture rapidly diminished, the ulcer healed, and in a week the patient left the hospital entirely cured.

EFFECTS OF COLD ON NEWBORN INFANTS.

It is a fact familiar to naturalists, that the production of animal heat in the warmblooded animals, during the first days of existence, is much less active than afterward ; that the temperature of the surface of their bodies at this period is but a few degrees above that of the atmosphere in which they are placed ; and, consequently, that exposure to any considerable degree of cold proves rea-

dily fatal. On this account, many of these animals require and receive direct protection from the body of the parent ; a fact remarkably illustrated in various tribes of birds. From some late researches of Messrs. Edwards and Villermé, of Paris, it would appear that something like this is true of the human infant during the first days of life, and that exposure to cold at this period, however well the body may be covered externally, is attended with danger. It appears from the bills of mortality, both in the city and the provinces, that the greatest mortality of children under three months old occurs during the winter months ; whereas, to children above that age, this is the least dangerous period of the year. This circumstance can be accounted for, according to these gentlemen, only by referring to a law existing in that country, which obliges parents to present their children, within a few days of their birth, at a public office in which their names are registered. For this purpose, it is often necessary to convey the infant a considerable distance, and sometimes, as may be supposed, under very unfavorable circumstances.—The views advanced by MM. Edwards and Villermé have received the sanction of the Royal Academy, and are confirmed by the observations in Italy of Dr. Trevison, an account of which we have already published.

GANGLIA.

The ganglions have been a subject of considerable doubt among anatomists. By some physiologists these bodies have been viewed as conden-

sations of nervous filaments, while by others they are regarded as similar to the brain in structure and office. Anatomical research does not justify either of these theories. Ganglions are principally found in the course of the sympathetic nerves, and likewise in some other connections. It has been found that the parts to which the sympathetic is distributed are less under cerebral influence, and have less animal sensibility, than those supplied by other nerves. Hence Bichat considers this nerve as emanating from the ganglia, and these bodies as centres of organic sensibility. Other authors maintain that the sympathetic emanates from the brain, but suppose that, in passing through the ganglia, it may acquire peculiar properties, and lose its power of transmitting animal sensibility on the one hand, and on the other of conveying to the muscles the dictates of the will.

THE LIVER.

IT has been said generally, by anatomists, that the bile was secreted from the extreme branches of the vena porta, while the artery of the liver contributed solely to its nutrition. The main arguments for this are, in the first place, the venous circulation itself, whose purpose, if it be not the secretion of bile, seems wholly unexplained; and secondly, the fact that when this vein has been tied, the secretion has ceased in consequence; while a similar operation on the artery has not produced the same effect. In reply, it has been maintained that operations on vessels of such size as those referred

to, produce a disorganization of parts which precludes all inferences; and that the difficulty of accounting for the amount of venous circulation in the liver, is not diminished by supposing it destined for the secretion of bile; since the quantity of bile secreted is exceedingly small in comparison to the blood thus furnished, and corresponds more nearly to that brought by the arteries. Indeed, when the great size of the liver is compared to the biliary secretion, it seems evident that this organ must have some other purpose; at least, if the secretion of bile be its only function, it implies a disproportion which has no parallel in the organic economy. According to this view of the subject, the use of the liver, as of the spleen, must be still viewed as among the unexplored mysteries of nature.

ANIMAL HEAT.

ACCORDING to Bichat, animal heat is developed in the capillary system of vessels, and not at all in the lungs. His theory is that caloric, as an element, is capable of combining with other substances; and that, by its disengagement from this combination, it produces heat. He supposes that it is actually so combined with the blood, and forms part of it, in the same manner, perhaps at the same time, as the alimentary substances contained in the food are so combined; that it passes through the veins, through the heart and lungs, into the arteries; that by these vessels it is conveyed to all parts of the body, and being subsequently

disengaged, maintains the temperature of the whole system.

DETERMINATION OF THE PERIOD THAT
A DROWNED BODY HAS BEEN IN THE
WATER.

As the means of ascertaining, very nearly, the time which a dead body has been under water, may prove in some cases to be important in a judicial investigation, M. Alph. Devergie was authorised, by the prefect of Paris, to observe and open the subjects deposited at the Morgue, a place to which all bodies are brought that have died by unknown means, or which are found in the public places of that city or in its neighborhood. The number annually brought there is about three hundred.

After much investigation, M. A. Devergie assigns the following characteristics as the means of deciding the length of time the body has been submerged, supposing the weather to have been cold.

1. From three to five days.—Rigidity of the corpse; coldness; no contraction of the muscles by electrical stimulus; the epidermis of the hands beginning to whiten.

2. From four to eight days.—Suppleness of all the parts; no contraction from electricity; color of the skin natural; epidermis of the palms of the hands very white.

3. From eight to twelve days.—Flaccidity of all the parts; epidermis of the backs of the hands beginning to whiten; face softened, and presenting a wan appearance, different from that of the skin of the other parts of the body.

4. About fifteen days.—Face slightly swelled; red spots; greenish tint of the middle of the sternum; epidermis of the hands and feet totally white, and beginning to fold.

5. About one month.—Face red, brownish; eyelids and lips green; breast reddish-brown, and greenish in front; epidermis of the hands and feet white, loosened, and folded as if by poultices.

6. About two months.—Face generally brownish and swelled; hair rather loose; epidermis of the hands and feet in a great degree detached; nails still adherent.

7. Two months and a half.—Epidermis and nails of the hands detached; epidermis of the feet detached, nails still adherent; in females, redness of the subcutaneous cellular tissue of the neck, of that which surrounds the trachea and organs in the cavity of the breast; partial saponification of the cheeks, of the chin, superficies of the breasts, groins, and anterior part of the thighs.

8. Three months and a half.—Destruction of part of the scalp, eyelids and nose; partial saponification of the face, superior part of the neck, and groins; corrosion and destruction of the skin on various parts of the body; epidermis of the hands and feet completely removed; nails gone.

9. Four months and a half.—Almost total saponification of the fat of the face, neck, groins, and front of the thighs; commencement of a calcareous incrustation upon the thighs, and a saponification of the anterior part of the brain; most of the skin opaline; loosening and destruction of almost the whole of the scalp; skull bare, beginning to be very friable.—*Ann. d'Hyg. publique.*

Influence of the Cerebellum over the Generative Faculties.—After stating the various opinions held by physiologists respecting the function of the cerebellum, M. Serres gives his belief of its influence over the generative faculties. The reasons for this are found in a great number of pathological facts, which he adduces. They are cases of organic alterations of the cerebellum, and especially of its median lobe, in persons who had been subject, if males, to frequent and violent erections; and, if females, to nymphomania, or other excitement of the genital organs.

Experiments on animals are also adduced, in which a sharp instrument, run into the cerebellum, caused erection. Still more, if the irritation be directed to the lower or lumbar portion of the spinal marrow, there will be (as in the instance of Guinea pigs) ejaculation. The integrity of this part of the spinal marrow seems to be as necessary to the contractility of the vesiculæ seminales as it is to that of the uterus, since in paraplegic women, when pregnant, there is no expulsive force for the completion of labor; the organ is inert, and the os tincæ undilated. If a section of the spinal marrow at the lumbar region be practised on pregnant rabbits, Guinea pigs, or bitches, some time before the period of gestation is complete, labor will not take place. If the section be made during the labor, it is immediately arrested. Irritation of the spinal marrow at this same part produces abortion.—*Anat. Comparée du Cerveau, &c.*

Analysis of Bile. By HENRY BRACONNOT.—From the uncertainty which still hangs over the composition of this fluid, so important in the animal economy, this able chemist has been induced to examine afresh the matter which constitutes the essential portion of ox-bile, viz., the picromel. His memoir, which occupies twelve pages of the *Ann. de Chim.*, furnishes the following results:

I. That bile is a true soap, as the ancient physicians had determined. II. That the picromel of the ox contains,—1. A peculiar acid resin, which forms the greater portion of it. 2. Margaric acid. 3. Oleic acid. 4. An animal matter. 5. A very bitter substance, of an alkaline

nature. 6. A colorless saccharine principle, which becomes purple, violet and blue, by sulphuric acid. 7. A coloring substance.

Vaccination.—It is stated in the *Journal Universel* for July last, that Dr. Barres, Jr., of Bordeaux, vaccinated a child three years of age, making four punctures, from which no effects resulted until about two months afterwards, when two genuine vaccine pustules were developed, from which other children were successfully vaccinated.

Treatment of Syphilis by common Salt.—It is said, in the *Clinique*, that, from time immemorial, syphilis has been cured in the East by common salt, employed locally and internally. The monks of the convent of Czenstochow, near Cracau, have derived some very brilliant cures from this mode of treatment.

The Value of Medicine.—We perceive that the annual Address to the Philadelphia Medical Society, was delivered this year by Dr. Benj. H. Coates, on the *Certainty* of Medicine. Dr. Shattuck gave the annual discourse before the Massachusetts Medical Society, two years ago, on the *Uncertainty* of the healing art. We should be pleased to see a copy of the former. If Dr. C. treated his subject with as much ingenuity and ability as Dr. S., the question must still remain undecided.

New Publications.—Messrs. Carey and Lea have republished Macculloch on Remittent and Intermittent Diseases, and have in press Mr. Hennen's Military Surgery.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MAY 14.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
May 7.	F.	33 yrs	dropsy in the head	12.	F.	37 yrs	intemperance
8.	M.	64	palsy		F.	21	consumption
10.	F.	5	consumption	13.	M.	27	do.
11.	M.	75	unknown	14.	F.	75	complaint of the kidneys

Males, 3,—Females, 5. Total, 8.

ADVERTISEMENT.

THE BOOK OF HEALTH.

RICHARDSON, LORD & HOLBROOK, No. 133 Washington St., Boston, have just published **THE BOOK OF HEALTH**; a compendium of Domestic Medicine, deduced from the experience of the most modern practitioners; *entirely divested of technicalities*, and rendered familiar to the general reader; including the mode of treatment for diseases in general. A plan for the management of infants and children; rules for the preservation of health, and for diet, exercise, air, and the preparation of food; remedies in cases of accident; suspended animation; rules for preventing contagion; a *Table of Poisons* most frequently taken, with the symptoms, and directions how to act when medical aid is not at hand. A Domestic Materia Medica, &c. &c. First American, from the second London edition; revised and conformed to the practice of the United States, with additions, by a Fellow of the Massachusetts Medical Society.

Extracts from the Preface to the American Edition.

"Its chief value, and certainly not a trifling one, is the fact that it embodies in a small compass the opinions of some of the most eminent modern physicians and surgeons of Great Britain, such as Drs. Bailey, Clutterbuck and Armstrong, among the former, and Sir Astley Cooper, Mr. Abernethy and Mr. Lawrence, among the latter." * * *

"*The Table of Poisons*, with their attendant symptoms, and the mode of treatment when medical aid is not at hand, it is thought will be peculiarly useful, as it not unfrequently happens where they may have been taken, that no such aid is to be had, and where, if *immediate* remedies be not applied, the person may be irretrievably lost. But if, in such a moment, this table is at hand, the remedy may be at once resorted to, and the patient saved. The same remarks will also apply to the directions given for procedure in cases of *suspended animation*, from drowning, lightning, hanging, &c."

"Great care has been taken throughout not to recommend, in any case, medicines or a course of treatment which may

be considered dangerous or doubtful in the result; on the contrary, cautions are constantly given *against* the use of them, and recommendations, in all cases of doubtful or critical character, of immediate recourse to medical aid."

May 11.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale **FRESH VACCINE VIRUS**, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

NEW MEDICAL WORKS.

JUST published, and for sale, by CARTER & HENDEE,—

The American Dispensatory; containing the Natural, Chemical, Pharmaceutical, and Modern History, of the different Substances employed in Medicine. Together with the Operations of Pharmacy, illustrated and explained according to the Principles of Modern Chemistry. To which are added Toxicological and other Tables; the Prescription for Patent Medicines, and various Miscellaneous Preparations. Eighth edition, improved and greatly enlarged, by JOHN REDMAN COXE, M.D.

May 25.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Knappa Lambda Association of the United States.—No. 18. For April, 1830. May 18.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JUNE 8, 1830.

[No. 17.]

I.

AN ACCOUNT OF THE DISEASE OCCASIONED BY DRINKING COLD WATER IN WARM WEATHER, AND THE METHOD OF CURING IT.

WE offered last week some very sage and practical observations by the late Dr. Rush, on pulmonary consumption. Though not new to our readers, they so abounded with doctrines which the practice of the present day is confirming, that it was thought advisable to reprint them in the Journal. A like liberty is taken today, in offering the sentiments of the same preeminent practitioner on the symptoms and treatment of an affection frequently met with at this season of the year.

Few summers elapse in Philadelphia, in which there are not instances of many persons being diseased by drinking cold water. In some seasons, four or five persons have died suddenly from this cause, in one day. This mortality falls chiefly upon the laboring part of the community, who seek to allay their thirst by drinking the water from the pumps in the streets, and who are too impatient, or too ignorant, to use the necessary precautions for preventing its morbid or deadly effects upon them. These accidents seldom happen, except when the mercury rises above 85 deg. in Fahrenheit's thermometer.

Three circumstances generally concur to produce disease or death from drinking cold water. 1. The patient is extremely warm. 2. The water is extremely cold. 3. A large quantity of it is suddenly taken into the body. The danger from drinking the cold water is always in proportion to the degrees of combination which occur in the three circumstances that have been mentioned.

The following symptoms generally follow where cold water has been taken, under the above circumstances, into the body :—

In a few minutes after the patient has swallowed the water, he is affected by a dimness of sight ; he staggers in attempting to walk, and, unless supported, falls to the ground ; he breathes with difficulty ; a rattling is heard in his throat ; his nostrils and cheeks expand and contract in every act of respiration ; his face appears suffused with blood, and of a livid color ; his extremities become cold, and his pulse imperceptible ; and, unless relief be speedily obtained, the disease terminates in death, in four or five minutes.

This description includes only the less common cases of the effects of drinking a *large* quantity of *cold* water, when the body is *preternaturally* heated. More frequently, patients are seized with acute spasms in the breast and

stomach. These spasms are so painful as to produce syncope, and even asphyxia. They are sometimes of the tonic, but more frequently of the clonic kind. In the intervals of the spasms, the patient appears to be perfectly well. The intervals between each spasm become longer or shorter, according as the disease tends to life or death.

It may not be improper to take notice that punch, beer, and even toddy, when drunken under the same circumstances as cold water, have all been known to produce the same morbid and fatal effects.

I know of but one certain remedy for this disease, and that is LIQUID LAUDANUM. The doses of it, as in other cases of spasm, should be proportioned to the violence of the disease. From a teaspoonful to near a tablespoonful have been given, in some instances, before relief has been obtained. Where the powers of life appear to be suddenly suspended, the same remedies should be used which have been so successfully employed in recovering persons supposed to be dead from drowning.

Care should be taken, in every case of disease or apparent death from drinking cold water, to prevent the patient's suffering from being surrounded, or even attended by too many people.

Persons who have been recovered from the immediate danger which attends this disease, are sometimes affected, after it, by inflammations and obstructions in the breast or liver. These generally yield to the usual remedies which are administered in those complaints, when they arise from other causes.

If neither the voice of reason, nor the fatal examples of those

who have perished from this cause, are sufficient to produce restraint in drinking a *large* quantity of cold liquors when the body is *preternaturally* heated, then let me advise to,

1. Grasp the vessel out of which you are about to drink, for a minute or longer, with both your hands. This will abstract a portion of heat from the body, and impart it at the same time to the cold liquor, provided the vessel be made of metal, glass, or earth; for heat follows the same laws, in many instances, in passing through bodies, with regard to its relative velocity, which we observe to take place in electricity.

2. If you are not furnished with a cup, and are obliged to drink by bringing your mouth in contact with the stream which issues from a pump, or a spring, always wash your hands and face, previously to your drinking, with a little of the cold water. By receiving the shock of the water first upon those parts of the body, a portion of its heat is conveyed away, and the vital parts are thereby defended from the action of the cold.

By the use of these preventives, inculcated by advertisements pasted upon pumps by the Humane Society, death from drinking cold water has become a rare occurrence, for many years past, in Philadelphia.

II.

ON THE DISEASES OF CHILDREN. BY MR. MARLEY.*

MR. MARLEY, though a young surgeon, appears to be an attentive observer, and a judicious practitioner. It is perhaps to be regretted that he

* From the Medico-Chirurg. Review.

has ushered himself so early on the stage of professional literature. Medical knowledge, like wine, gains by keeping. Gross errors fall to the bottom, and the lighter ones float on the top, so that both may be separated from the purified fluid between. We do not address this remark to the author of the present work in particular, but to our junior brethren generally. It will not be attended to, and therefore we shall not press the subject farther. We shall glance at some of the sections in this volume, by way of offering our readers some specimens of the performance.

Practical Remarks on the Use of Opium.

"In children laboring under severe abdominal pain from an irritable state of the intestinal canal, we often find an appropriate dose of opium (it will be understood that I mean any of its preparations), given either in form of draught or enema, produce beneficial and speedy relief. The surface, which was before dry and parched, becomes moist, and is succeeded by a gradual cessation of pain, and probably by a sound and undisturbed sleep. But this picture is sometimes reversed; for, instead of being quieted, the child will start up suddenly, screaming out as if frightened, or he will moan during a restless and imperfect slumber. When opiates produce the latter train of symptoms, I have generally observed, that, on the occurrence of slight diaphoresis, the patient becomes tranquillised, and a calm and quiet sleep will often follow. The warm bath will be found of great utility, by producing slight moisture on the

surface, and should therefore be employed with that view.

"The power of opiates in allaying irritation, is probably nowhere more marked and efficacious, than in excessive evacuations from the bowels. In such cases, it is in general best to exhibit it in the form of enema; but even in this form caution should guide us in its use. In one instance I have known an injection, containing a very small quantity of laudanum, produce great cerebral excitement, extreme thirst, and vomiting.

"In those cases of excitement arising from nervous irritability, its well-timed use will often prove decisive. After bleeding in inflammation of the bowels, opiates will often be found of great use, and should be exhibited per anum. In colic pains they prove highly efficacious, and should never be neglected."

Mr. M. properly considers opium as contraindicated in affections of the lungs, where there is dry cough and quick pulse; also in all cases of increased action of the brain or its membranes. The author conceives that "the lives of many children are annually sacrificed by the indiscriminate and improper use of opiates." He instances some cases where mischief was produced by the exhibition of opium to children, and indeed such instances are by no means rare, especially where quack medicines are employed. In truth, there is rarely any necessity for the exhibition of opiates to children, excepting in some severe bowel complaints, and then they should be in the form of Dover's powder, or other medicines that determine to the skin, and alternated with castor

oil, or other mild laxative. The diseases of children are almost all of an inflammatory character ; and the removal of inflammatory action by proper depletion is the best mode of conquering excitement.

Local and General Bleeding.

Under this head, Mr. Marley has made some judicious remarks. In all cases of internal inflammation, of a serious character, he advises general bleeding in children,—from the arm in visceral phlogosis,—from the external jugular, or from the temporal artery, in cerebral inflammation. Mr. M. has seldom found any difficulty in opening the jugular vein, however young the child ; but in infants under twelve or fifteen months, it is often difficult to open the veins of the arm. By immersing the member in warm water, the facility of the operation is increased. When these measures are not adopted, or not deemed advisable, he recommends cupping in preference to leeches. His objections to leeches are urged, we think, too strongly ; and the great preference of cupping is not very consistent with the following passage :—

“ I have known considerable nervous excitement produced in children by cupping (particularly on the chest), and occasionally even in adults. I have likewise known extensive local inflammation produced by this operation, but I have never known it end in suppuration.”

We have often seen the blaze of the spirit, the pressure of the glass, and the stroke of the scarificator, occasion a wince in men of strong minds ; and we cannot reconcile to our minds this lavish

praise and recommendation of cupping in cases of infantile disease. In children, the feelings are everything, and the reasoning powers nothing. We have seen the application of cupping-glasses induce instant convulsions, and such a prejudice excited against a practitioner in the minds of the parents, that he was never afterwards employed in the same family. The feelings of the community are not to be outraged or trifled with ; and especially when we are urging measures that are really not more effectual, though far more unpalatable, than others of a milder character. Nothing is more common than to see practitioners who are deficient of tact and discretion, ordering a poor person, who can scarcely procure bread for his family, to give half a guinea to a cupper, when half a dozen of leeches, costing a couple of shillings, would be equally beneficial, and much less formidable.

Croup.

So much does Mr. Marley dread this disease, that whenever he meets with a “ child laboring under cold, if it be accompanied by a dry hoarse cough, with pain and difficulty of breathing, he very generally has recourse to the measures used for croup,—namely, abstraction of blood from the jugular vein, an emetic, and then a dose of calomel. To this practice in real croup, we do not object ; but whether the emetic plan is the most proper for a sharp attack of pulmonic inflammation, we have some doubts.

More than a third of the volume is occupied with the subject of cutaneous diseases, and the execution of the whole is respectable.

Mr. Marley's remarks are almost entirely practical, being founded on observations made at the bedside of sickness, rather than drawn from books. This is perhaps the best recommendation of the work.

III.

DUPUYTREN'S TREATMENT OF SCROFULA.

THE following note, says the same Review, respecting the above celebrated surgeon's method of treatment in scrofulous affections, was communicated by Professor Guilbert to M. Ratier, for the third edition of his work on the Parisian Hospitals, recently translated by Dr. McLellan.

"The treatment employed by M. Dupuytren in scrofula differs much from the methods of treatment generally followed, and is the result of observations, anatomical and physiological, on the nature and progress of that disease.

"Whatever be its varieties or its seat, scrofula exhibits three distinct periods in its march. In the first, the disease is in some measure inert, manifesting itself only through the characters proper to the lymphatic constitution, and by an interruption, more or less difficult to perceive, in the action of the parts affected. In this first period, M. Dupuytren employs all the means afforded by the *hygiene* suited to fortify the constitution, and, by consequence, effect the resolution of the disease. He is careful, moreover, to avoid everything that might irritate, agitate, or heat,—as elixirs, antiscorbutic syrups, and other spirituous medicines,—which he believes are

calculated to make the disease pass from the inert into the inflammatory state.

"It is especially in the second state of the disease, marked always by excitement, fever, local pains, swelling, and sanguineous exhalations, that he sedulously shuns those stimulating remedies, which, from the abuse made of them for many years, have produced more evil than the disease itself they professed to ameliorate.

"In this second period of the malady, M. Dupuytren, without regard to its supposed nature, treats it as an inflammatory affection, by bleeding, leeches, and diet, and by so doing has often arrested its progress, and prevented its melancholy consequences, such as caries of the bones, gibbosities, spontaneous luxations, suppuration, and destruction of the organs. If suppuration be established, and its products escape by an external outlet, and if the disease have returned to that almost inert state which constitutes its first period, he resumes the use of the means calculated to strengthen the system, but is still careful to reject everything that would excite, or have a tendency to cause, insomnia or fever. For the same reason, he abstains, in the third period of the disease, from the use of vinous, alcoholic, or alkaline preparations. As a substitute for such, he prescribes only the purely aqueous preparations of cinchona, gentian, or simarouba; persuaded that they contain all that is really *tonic* in these substances, and are free from the irritating properties contained both in the base and vehicle of the ordinary remedies. He thus

employs the aqueous infusions, and syrup of gentian, cinchona, and simarouba, to which he gives more or less strength, according to the age and sex of the individual, or the seat and character of the affection."

IV.

HISTORY OF A SUCCESSFUL CASE OF CÆSAREAN OPERATION.

THIS operation was performed by Dr. John L. Richmond, of Newton, Ohio, and reported by him in the *Western Journal* for last April.

On the 22d of April, 1827, I was called to visit a Miss E. C. in labor; on my arrival at the house, I found she had been in labor about thirty hours. Two midwives had been called, but neither of them could give any account of the case, except that "she had fits, and the pains did no good."

On examination, I found that the os externum had suffered no dilatation, and there was no fetal tumor in the pelvis, except when the pain was on, when there was a kind of pressing down of the uterus and the contents of the pelvis. The uterus presented a smooth tumor towards the superior extremity of the vagina, which seemed only to be felt through the anterior part of the vagina, and the anterior part appeared to form an acute angle with the posterior, immediately in the hollow of the sacrum, and a little posterior to the tumor.

She lay, by spells, comparatively easy; when her pains came on, they continued for a short space of time, nearly regular or natural, but in twenty or thirty

seconds were transferred to the stomach, and immediately terminated in general convulsions, which continued from three to five minutes, and were succeeded by alarming faintings, which lasted from ten to twenty minutes. The system was much exhausted, the pulse depressed, and not the least advantage had yet resulted from all she had suffered.

My first object was, to prevent the convulsions and to recruit the system; for which purpose I gave laudanum and sulphuric ether, and applied flannel wet with hot spirits to the feet. These measures produced considerable mitigation of the convulsions, but the fainting increased. I had no recourse to cordials, for these could not be obtained. I was seven miles from home, and had but few medicines with me. I spent four hours in fruitless attempts, either to recruit my patient, or to ascertain the exact condition of the mother or the presentation of the child. The vagina seemed a kind of sack, the extremity of which could easily be reached with the finger, but nothing like a uterus could be felt, except a tumor above, which was felt through the vagina. Under these circumstances, finding my patient fast sinking, I requested advice, which, however, could not be obtained, on account of high water in the little Miami, and the darkness of the night.

I informed the patient and her friends of the only means by which I could conceive of relief: this was at once consented to, as affording some hopes of life.

After doing all in my power for her preservation, and feeling myself entirely in the dark as to her situation, and finding that whate-

ver was done must be done soon, and feeling a deep and solemn sense of my responsibility, with only a case of common pocket instruments, about one o'clock at night, I commenced the CÆSAREAN SECTION.—Here I must take the liberty to digress from my subject, and relate the condition of the house, which was made of logs that were green, and put together not more than a week before. The crevices were not chinked ; there was no chimney, nor chamber floor. The night was stormy and windy, in-somuch that the assistants had to hold blankets to keep the candles from being blown out. Under these circumstances, it is hard to conceive of the state of my feelings, when I was convinced that the patient must die, or the operation be performed.

I commenced the operation, by making an incision through the integuments down to the *linea alba*, from the umbilicus, to within an inch and a half of the pubis. I then made a short incision through the tendon, about one third of the way from the lower extremity of the other, and introducing my finger, I found that the omentum was much in the way, as she was very fat. I introduced the blade of a crooked pair of scissors, and, crowding the omentum up with my fingers, cut first up and then down. During this part of the operation, the hemorrhage was very trifling ; I presume not exceeding four or five ounces.

As soon as the tension of the abdominal muscles was taken off, the convulsions subsided, and the patient became composed and tranquil. The uterus then presenting, I proceeded to divide it in the same manner as I had done

the *linea alba*. I made the incision, from as low down as I could, to near the fundus uteri : the incision passed immediately over the placenta. This incision produced considerable hemorrhage, which however soon partially subsided, and I then divided the placenta by making a small incision in it, and then lacerating it, which I thought would occasion less hemorrhage than to cut the whole of it. I then suffered all the blood to escape that I could, while the whole cavity of the abdomen was filled, and wiped away all I could, before trying to remove the child.

The child lay with the back presenting to the incision, the head resting on the superior strait of the pelvis. The uterus and placenta being thus divided, the contractions of the former were rapid, and the latter soon became entirely detached. As soon as the gush of blood partially subsided, I commenced my efforts to remove the child ; but, as it was uncommonly large, and the mother very fat, and having no assistance, I found this part of my operation more difficult than I had anticipated. My first endeavor was to raise the child sufficiently towards the stomach, to bring the head from under the pubis ; but this I was unable to do by any force which appeared to me safe to exert. I then made several vain attempts to raise the breech ; after which I endeavored to pass my hand around the child, and get hold of the feet ; but this the patient could not endure : and thinking the danger of the mother very great, and believing or supposing that the child was dead, from the detachment of the placenta, and considering, at all

events, that a childless mother was better than a motherless child, I determined to do all I could for the preservation of the mother. Accordingly I made a transverse incision across the back of the fetus, near the upper lumbar vertebra, and the muscles of the back being divided, it formed an angle instead of a curve, by which means I was enabled easily to extract it. The placenta, being entirely detached from the uterus, was at once removed, and the blood carefully wiped out of the uterus, and all the surrounding parts properly cleansed.

I now determined to make, if possible, some discovery in relation to the *orificium uteri*. I accordingly passed my hand into the uterus; and, by examining carefully, I found an aperture which, to the touch, from within, did not seem to bear any resemblance to a natural orifice. I introduced the finger of the other hand into the vagina, and could not bring them into contact with each other; there seemed to be a kind of tube leading from the uterus, to within about three-fourths of an inch of the *meatus urinarius*, into which I could not pass my finger at the upper extremity to any distance, and not at all below. I then dressed the wound in the common manner, with sutures and adhesive straps, leaving about two inches of the lower extremity open.

She now lay perfectly easy, and went to sleep. I kept her in one position for four days, keeping the bowels open with saline purges and injections. The lochial discharge commenced in about eight hours, and continued for five days; some discharge also

occurred from the open part of the incision. That part of the wound which was closed, adhered by the first intention. I suffered her to take no nourishment but weak gruel. On the seventh day, I closed the lower part of the wound; but finding, on the twelfth, that an accumulation had taken place in the cavity of the abdomen, I opened a small orifice, from which a large quantity of black, very offensive blood and water was discharged. I then introduced a female catheter, and, with a pint syringe, threw in three pints of warm water with a small quantity of soap in it, and drew it back with the syringe, after the manner of a stomach pump: this I repeated six successive days, when the water which was injected ceased to be colored, and the orifice was suffered to close. The patient never complained of pain during the whole course of the cure. She commenced work in twenty-four days from the operation, and in the fifth week walked a mile and back the same day.

One circumstance I cannot forbear relating. As I was syringing out the abdomen as above mentioned, a neighboring woman, standing by my side, said to her, "what makes you laugh?" to which she replied, "because it feels so queer." I looked to her face, and she was laughing.

I have made a recent examination of this patient *per vaginam*, and the condition of the vagina remains as above described, only it is now more shallow than it was when the uterus was raised into the abdomen: the whole depth of the vagina is now only two-thirds of a finger's length, and the orifice, or abnormal os

tincæ, would not be discovered by the most minute examiner, who was not apprised of its situation. The anterior coat of the vagina now feels like a kind of septum, passing obliquely upward from before backward, leaving, I think, about one and a half inches between it and the forchet. I should think, if it were possible, that it is an unnaturally situated hymen. Here is as much room

for others to theorise on the physiology of conception as for me. She has been married since, and lived two years with a husband, during which time she tells me that she suffered great inconvenience on account of the shallowness of the vagina, but no conception has taken place. She suffers no inconvenience from the abdominal cicatrix, it being perfectly firm.

BOSTON, TUESDAY, JUNE 8, 1830.

MASSACHUSETTS MEDICAL SOCIETY.

AN annual meeting of this Society was held, on Wednesday last, at the Society's rooms in the Atheneum. The usual business having been concluded, the following resolutions were presented by the Recording Secretary, and unanimously adopted by the Society:—

The Fellows of the Massachusetts Medical Society having a deep conviction that a knowledge of Anatomy is essential to the education of a Physician as well as a Surgeon, and being fully convinced that this knowledge can only be obtained by actual dissection of the human body, which is in a great measure prevented by the existing laws of this Commonwealth, do therefore resolve,

1st. That they regard with peculiar satisfaction the remarks of his Excellency the Governor on this subject, in his recent communication to the Legislature, and the appointment of a special committee in relation to this business by the Senate and House of Representatives, and hail them as the harbingers of a more liberal and enlightened policy.

2d. That they will use all proper means in their power to diffuse more

correct information in regard to the necessity of anatomical knowledge than now exists, and to convince their fellow citizens that the members of the medical profession have no interest distinct from that of the community, in their attempts to legalize the study of Anatomy, but that in so doing they are laboring to advance the cause of science and humanity.

3d. That they cordially approve the course that has hitherto been adopted by the Counsellors with the view of advancing the object, and they request them to adopt such other measures as they may deem proper and expedient to accomplish the wishes of the Society.

The following gentlemen were elected Counsellors for the ensuing year:—

For Suffolk—Drs. William Ingalls, John Dixwell, James Jackson, Benj. Shurtleff, John C. Warren, John Randall, Geo. C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, jr., Solomon D. Townsend, John Ware, Zabdiel B. Adams, David Osgood, Edward Reynolds.

For Essex—Drs. Benj. L. Oliver, James Gardner, Richard Hazeltine, Abel L. Pierson, Andrew Nichols,

Thomas Manning, Samuel Johnson, Joseph Kittredge, Jeremiah Spofford, Richard S. Spofford, E. L. Coffin.

For Middlesex—Drs. Amos Bancroft, Calvin Thomas, Rufus Wyman, Thomas Bucklin, John Warton, Abraham R. Thompson, Zadock Howe, Wm. J. Walker, Timothy Wellington, J. C. Dalton.

For Worcester—Drs. Stephen Batchelder, jr., John Green, Daniel Thurber, Charles W. Wilder, Benj. F. Heywood, Edward Flint, Gustavus D. Peck, Aug. G. Parker.

For Hampshire—Drs. Elihu Dwight, Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Job Clarke.

For Berkshire—Drs. Henry H. Childs, Robert Worthington, Wm. H. Tyler, Charles Worthington, Royal Fowler, Benjamin Rodgers.

For Norfolk—Drs. Amos Holbrook, Nathaniel Miller, John Bartlett, Robert Thaxter, Samuel Bugbee, Jeremy Stimson, Ebenezer Alden.

For Plymouth—Drs. Nathan Hayward, Hector Orr, Cushing Otis, Andrew Mackie, Ezekiel Thaxter.

For Bristol—Drs. Benj. Billings, Alexander Reed.

For Barnstable—Drs. Joseph Samson, Aaron Cornish.

At one o'clock, the members attended to an Address by Dr. RUFUS WYMAN, on the importance of the study of Mental Philosophy as a part of medical education.

On the subsequent day, the Counsellors made choice unanimously of Dr. JOHN GREEN, of Worcester, to deliver the address at the next annual meeting; a committee of five was appointed to attend to the subject of legalizing the study of anatomy, and the following officers were chosen for the year:—

James Jackson, M.D., *President*.

Amos Holbrook, M.D., *Vice President*.

John Dixwell, M.D., *Cor. Secretary*.
Geo. Hayward, M.D., *Rec. Sec'y*.
Walter Channing, M.D., *Treasurer*.
Enoch Hale, jr., M.D., *Librarian*.

Censors.

For the 1st District, and for the Society—Drs. John Dixwell, Rufus Wyman, Walter Channing, Geo. Hayward, Enoch Hale, jr.

For the 2d District—Drs. John Green, Benj. F. Heywood, Edward Flint, Charles W. Wilder, Gustavus D. Peck.

For the 3d District—Drs. Elihu Dwight, Joseph H. Flint, Daniel Collins, Elisha Mather, Job Clarke.

For the 4th District—Drs. Alfred Perry, Wm. H. Tyler, Lyndon A. Smith, Hubbard Bartlett, Orren Wright.

EFFECTS OF INSPIRATION OF OXYGEN GAS.

It is well known from the results of experiment, that a determinate quantity of oxygen gas will support animal life for a much longer period than the same amount of atmospheric air; and as the latter, when thus deprived of its vital property, has been found, on analysis, to have had its oxygen converted into carbonic acid, it has been inferred that a similar change occurred in this gas, when respired separately from the other constituents of the atmosphere. Some experiments lately made by Mr. Broughton in London, go to disprove this conclusion, and to show that the gas itself produces, after a certain time, a fatal effect on the animal which breathes it. These experiments show,—1. That animals confined in a limited quantity of oxygen are capable of sustaining life longer than when placed in the same quantity of pure air. 2. That the

effect of this gas on the system is to produce increased rapidity of the circulation. 3. That its chemical influence is manifested by a change in the color of the venous blood, which becomes, like the arterial, of florid red. 4. That the same gas which has proved fatal to the animal confined in it, is still capable not only of supporting combustion, but of renewing flame in a taper which has ceased to blaze. 5. That, under the same circumstances, it will support life in another animal confined in it, for a time nearly equal to that of the previous experiment. 6. That, in animals killed by respiring oxygen, the contractility of the heart and that of the intestinal canal survive the extinction of animal life. 7. That after death from this cause, coagulation takes place with unwonted rapidity. It appears singular that the conclusions here stated, so far as they regard the morbid influence of oxygen on the system when breathed undiluted, should not have been earlier acknowledged as among the settled principles of physiology. It seems, indeed, to have repeatedly occurred to inquirers into this subject, that if the continuance of animal life depended solely on the amount of oxygen furnished to the animal, a given amount of the pure gas ought to sustain it as long as the same quantity when combined in the due proportions, as a constituent of atmospheric air. But, easy as it would seem, by actual observation, to place this point beyond the reach of doubt, it does not appear that the experimentum crucis has ever been fairly performed. Lavoisier made several trials with different animals, and from

the result of these inferred, that, under favorable circumstances, life would continue until the oxygen was exhausted. He states, indeed, that young Guinea pigs, confined in pure oxygen, continued to live and respire with great ease for the space of several days. Subsequent experiments, however, made by Dr. Beddoes, presented conclusions widely different. He found that animals confined in this gas, almost immediately manifested symptoms of distress and dyspnœa. He further observed that when the animal had become exhausted, and was removed, the oxygen was found, on examination, not to have been much impaired in amount or in purity; that where the experiment was not fatal, the system was so much saturated with oxygen, that immersion in water could be sustained for a considerable time without injury; that when death occurred, the lungs and pleura were found inflamed, and the blood coagulable in a remarkable degree.

The attempts to ascertain the effect of the gas on human respiration, were not followed by more uniform and harmonious results. Of those who had the curiosity to breathe it, some declared that it produced an agreeable lightness, and imparted additional animation to the system; others, among whom was Sir H. Davy, found the respiration of it laborious, and were affected, in breathing it, with a sense of tightness across the chest; others again breathed it, or thought they did so, without perceiving its effects to differ from those of atmospheric air.

To reconcile statements thus various and contradictory, or to derive

any certain conclusions from such conflicting evidence, is certainly no easy task. Something, no doubt, was owing to the fact that the various animals subjected to experiment varied much in vigor and in tenacity of life, and something to the difference of purity of the gases employed. After all, however, abundant room remained for doubt and perplexity, and to these the subject seems to have been quietly abandoned by recent physiologists. Dr. Bostock, in his work on respiration, after comparing the various opinions to which we have alluded, concludes merely that we are not entitled to ascribe to oxygen any deleterious influence on the animal system; and Mr. Ellis, who inclines to adopt a different opinion, is satisfied to conclude, generally, "that the atmosphere, as it is naturally composed, is best adapted to the economy of the animal system; but that this system is at the same time so constituted as to be able to bear great variations in the composition of the air, without immediate injury to the powers of animal life."

From this brief view of the previous state of our knowledge on this subject, we return for a moment to Mr. Broughton and his experiments. According to this observer, then, the immediate effects of the respiration of oxygen are, first, an increased irritability of the heart, by which the circulation is rendered more rapid; and secondly, a change in the chemical character of the venous blood, by which it is assimilated in color, and perhaps in other properties, to the arterial. Why these

effects should follow rather than any other, it is not so very obvious. Of the constituents of atmospheric air, oxygen is the only one which is known to be retained by the lungs in ordinary respiration. Sir Humphry Davy indeed thought he had ascertained, by his experiments, that the quantity of nitrogen expired was less, by two-ninety-fifths, than that which was received; but later observations do not confirm this idea. Now it is difficult to understand how the absence of this constituent of the atmosphere can render the blood less susceptible of being carbonized in its passage from the extreme arteries into the veins. The only explanation of this seems to be that the blood is hyperoxygenized, to use the expression, in the lungs, and that this excess of oxygen, having stimulated the heart to increased action, is retained throughout the circulation, and affects the quality and color of the venous blood. The fact, however, that in ordinary respiration not more than one third of the oxygen is retained, as is proved by Davy's experiments, makes even this explanation far from satisfactory. After all, then, we may sum up the subject in the language used ten years since by Dr. Good,—“that, though the researches of modern chemistry have disclosed volumes of facts heretofore unknown, and the ingenuity of able theorists has applied them to a variety of hypotheses, we are still, as regards a systematic acquaintance with this function, as much in the dark as ever; and, after all the time and labor which have been devoted to it, we are still

obliged to confess there is no inquiry, in the whole range of physiology, in a more unsatisfactory and unsettled state."

SURGICAL CAUTION.

THERE is no circumstance which puts more strongly to the test the strength of mind and moral courage of a practitioner, than the urgent entreaty of a patient for the adoption of a remedy or mode of treatment, which the judgment of the physician condemns as useless or injurious. A striking illustration of this truth is contained in an account, given in one of the late French Journals, of a case which occurred in the practice of Pelletan, formerly Surgeon to the Hôtel Dieu at Paris. A man had been long troubled with an ulcer on one of his legs, which was very obstinate, and appeared to be incurable. Wearied at length with the trouble which the disease cost him, he begged the surgeon to amputate the limb. Pelletan refused, represented to him the danger which would attend such a measure, and endeavored to convince him of the folly of his request. He however continued his importunities, until the surgeon allowed his own judgment to be overruled, and consented to amputate. After the operation, the wound for a time appeared to do well, but eventually assumed a gangrenous appearance, and proved fatal. A short time before his death, the man sent for Pelletan, and reproached him bitterly for having yielded to his entreaties. The scene, as might be supposed, made a deep and lasting impression on this indi-

vidual, who often repeated the story afterwards as a warning to others.

With regard to the course pursued in this case, we presume there can be but one opinion. The surgeon was not justified, for the gratification of a whim, in subjecting a patient to a hazardous operation, when the case itself was not a dangerous one. Cases will occur, however, in the practice of every one, where the course of rectitude is by no means so evident, and in which much sound discretion must be exercised in order to proceed rightly. It is certain that desperate cases require desperate remedies; and it is equally so, that, in emergencies of great doubt and difficulty, a trifling circumstance will sometimes justly be allowed to determine the choice of measures: but so long as the course of duty is plain, the physician who has a just sense of his responsibility will not allow himself to be turned from it, either by the wilfulness of a patient, or the remonstrances of misjudging friends.

AMERICAN MEDICAL LIBRARY.

A PROSPECTUS has been published at Philadelphia, by James Webster, of a work which is to bear the above title, and which is to consist of abridgments or analyses of the writings of the most distinguished ancient and modern authors in Medicine and Surgery. The names of the gentlemen concerned in this work are not mentioned in the circular we have received, and it is so evident that the value of such a library must depend wholly on the ability and judgment of the analysts, that we regret very much the omission. It

is stated, however, that these names are to be given in the several volumes as published, and that any subscriber is at liberty to withdraw his name at any time, if dissatisfied with the work. These conditions evince at least a confidence, on the part of the publisher, in the capacity of the professional gentlemen engaged to execute this extensive and laudable design. The entire library is to consist of about twenty volumes, which are to be issued on the following CONDITIONS:—

1. The work will be printed on good paper. The first volume to contain ancient, the second, modern authors.

2. A new type will be cast expressly for the work.

3. Plates will be given, when necessary to illustrate any part of the subject.

4. Each volume will contain double the quantity of matter to be found in the majority of medical books, to wit, upwards of five hundred (double column) large octavo pages, well bound in sheep. Price \$3 per volume, delivered to subscribers free of expense.

5. Two volumes will be delivered at one time. Payment to be made on delivery; after which, subscribers will be at liberty to withdraw their names, should they not approve of the work, provided notice of such intention be given to the publisher within one month from the time of delivery.

6. Care will be taken to have each volume complete within itself, and as a distinct work; so that the substance of every author whose production comes under consideration, will be preserved entire, and no portion left for a subsequent volume.

7. During the publication, a general summary, presenting in one view the practice pursued by the

most eminent physicians, in the diseases under consideration, will be given either at the end of each volume, or in a distinct volume at the conclusion, as may be deemed most advantageous to the profession.

8. The name of each gentleman engaged to write for the work, will be given with the respective author he is to analyse, being of undoubted competency to the task assigned.

LONDON COLLEGE OF PHYSICIANS.

At a late meeting of this College, Dr. Francis Hawkins read a letter from Sir Robert Ker Porter, addressed to the President of the College, on the subject of a medicinal plant growing wild in South America, and called the *guaco*; respecting the virtues attributed to which plant, Sir Robert had been at great pains to collect some facts and interesting information. It appears that there are native Indians and negroes in some parts of South America, who possess a wonderful power of handling the most venomous serpents with impunity. It has been ascertained that they owe their protection to the internal use and external application of the leaves and expressed juice of the *guaco*. The same means are also found effectual for the cure of the bites of serpents and other poisonous reptiles. It is further stated that the use of this plant is the best preservative from, and the only cure for, that most dreadful of diseases, *hydrophobia*. The plant has received its name from the manner in which its properties were discovered. A bird of the kite kind, a great destroyer of serpents, had been observed to attack them always with impunity, after feeding on this plant; the bird is called the serpent-falcon, or *guaco*, from the monotonous cry which it utters; and the plant has been named after the bird. It is a creeper plant, corymbiferous, grow-

ing in the hotter regions of the New World, along the sides of rivulets, and in well-shaded spots. Many other virtues are attributed to it; as, that it is a cure for rheumatism and consumption, and various other disorders. After making due allowance for some degree of exaggeration, and for the influence of superstition, it appears certain that it possesses some virtues as an antidote to animal poisons. On the table there were placed a bottle of the juice of the guaco, expressed in South America, as well as a dried flower, and a leaf from a plant raised in this country in a hot-house, where it grows readily.—*London Lit. Gaz.*

Alimentary Tubercle of Van Dieman's Land.—A singular substance has been found at the depth of a foot or a foot and a half in the earth of that country. It has not yet been described, but is called *indigenous bread*. It is covered with a thin skin, has a rounded form, like a potatoe or yam, and is sometimes as large as a man's head. When cut, it appears as if composed of a solid spongy mass, containing a considerable quantity of alimentary matter. No root or fibre has been found adhering to it, so that sometimes it has been thought to be a sort of terrestrial polypus, possessing a principle of animal life. The only indication of its presence which the natives have, is the occurrence of an exceedingly small leaf, which rises from the earth, and is connected with it by very thin and delicate fibres, which break whenever the tubercle is raised.—*Asiatic Journal.*

Blindness from Palsy of the Optic Nerve.—Dr. Short, and Mr. Liston, of the Royal Infirmary of Edinburgh, have published two cases of this malady in which the endermic practice (of which we lately gave an account) fully succeeded. A small blister was applied to each temple, and one-fourth of a grain of strychnine applied to the surface, after the removal of the cuticle. The first patient was cured in six days; but, in the other case, the quantity of strychnine was gradually increased to three grains, before any good effect was evident. In consequence of its producing giddiness, headach, nausea, tremors of the arms, &c., it was discontinued for a few days.—*Gaz. of Health.*

Scabies.—In an obstinate case of this disease, attended with considerable erysipelatous inflammation, which occurred at the Royal Infirmary in Edinburgh, the practice of puncturing the part with the point of a lancet proved eminently successful. About six ounces of blood escaped from the punctures. The following day the inflammation had nearly disappeared; and, in the course of a week, the patient was discharged cured.—*Id.*

Croton Oil.—A considerable quantity of this article, which a few years ago was sold at 18s. an ounce, was lately sold at the Custom-house sale, England, at the rate of 6d. an ounce. In consequence of its present low price, it is now used as a purgative for horses.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MAY 22.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
May 15.	F.	30 yrs	consumption	17.	M.	35 yrs	unknown
16.	M.	22	fever and ague	18.	M.	33	inflammation of the heart
	F.	2	unknown		M.	4	croup
	F.	42	do.	19.	F.	12	consumption
	M.	12	dropsy on the brain	20.	M.	20 mo	croup
	M.	10 mo	do.		F.	19	do.
	M.	70 yrs	mortification	21.	M.	12 d	fits
	F.	3	lung fever		F.	22 yrs	consumption
	F.	46	consumption	22.	M.	37	intemperance

Males, 10,—Females, 8. Total, 18.

ADVERTISEMENTS.

NEW MEDICAL WORKS.

JUST published, and for sale, by CARTER & HENDEE,—

A Treatise upon the Semeiology of the Eye, for the Use of Physicians; and of the Countenance, for Criminal Jurisprudence. By J. F. DANIEL LOBSTEIN, M.D.

A Treatise on Surgical and General Anatomy. By WILLIAM E. HORNER, M.D. In 2 vols. 2d edition, revised and corrected.

The American Dispensatory; containing the Natural, Chemical, Pharmaceutical, and Modern History, of the different Substances employed in Medicine. Together with the Operations of Pharmacy, illustrated and explained according to the Principles of Modern Chemistry. To which are added Toxicological and other Tables; the Prescription for Patent Medicines, and various Miscellaneous Preparations. Eighth edition, improved and greatly enlarged, by JOHN REDMAN COXE, M.D.

May 25.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

NEW MEDICAL BOOKS.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISSY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

TO PHYSICIANS.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is issued every week from the press of JOHN COTTON, No. 184 WASHINGTON STREET, BOSTON.

It contains sketches of such of the contents of Foreign and Domestic Periodicals, as are of *immediate practical value* to the Physician and Surgeon;—original communications from the Faculty in different parts of the country; and, under the Boston Head, such editorial matters as may be deemed interesting or useful, by way of essay or intelligence.

The Journal is furnished to subscribers for \$3.50 per annum. If paid in advance, or within three months from the commencement of the year, the price is \$3.00. If not paid till after the close of the year, \$4 will be required.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Knappa Lambda Association of the United States.—No. 18. For April, 1830. May 18.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JUNE 15, 1830.

[No. 18.]

I.

GNORRRHŒA,—ITS HISTORY, AND THE QUESTION OF ITS IDENTITY WITH SYPHILIS.

IN his surgical lectures now publishing in the London Medical Gazette, Mr. Lawrence gives an extended and valuable view of syphilitic diseases. Of these there are none more frequent or troublesome, than such as attack the mucous lining of the urethra and the adjoining textures. We shall offer, therefore, below, as of great practical usefulness, the remarks of Mr. L. on the nature and history of gonorrhœa, reserving his account of its treatment till our next number.

The disease, says Mr. Lawrence, which bears the technical name of gonorrhœa, and which common mortals call *clap*, is an inflammation of the mucous membrane of the urethra, attended with puriform discharge, which discharge unluckily possesses infectious properties,—that is, it is capable of communicating the disease to the mucous membrane of the urethra or vagina of a healthy person, when brought in contact with it. Thus gonorrhœa is an infectious disease; and it is usually conveyed from one individual to another by sexual intercourse, but not necessarily so. If you consider the etymological construction of gonor-

rhœa, it might lead you to a somewhat erroneous opinion with respect to the nature of the affection, more particularly as to the discharge which is produced. Gonorrhœa, which is derived from the Greek, is equivalent to the Latin words *fluxus seminis*, that is, discharge or flow of seminal fluid. Now, I need hardly perhaps acquaint you, that the discharge which takes place from the urethra in gonorrhœa is not of that nature,—that it is an increase, with alteration in the quality, of the natural mucous secretion of the part,—an increase and alteration in quality consequent on the state of inflammation in the membrane. In order to give it a more significant name, some foreign writers have proposed to call it *blennorrhœa*, which merely means excessive flow of mucous fluid; however, the term gonorrhœa is one so generally received, and the meaning of which is so well known, that we need not attempt to look for any other.

I had occasion to speak to you, in describing syphilis, of what is called the *poison*, or *virus*, that produces the disease; and in the same way we recognise the existence of a poison or virus in gonorrhœa. A question has arisen whether these two diseases,—that is, syphilis and gonorrhœa,—are produced by one and the same poison,

or whether they owe their origin to different poisons? I mentioned to you, that we know nothing of the venereal virus or poison, considered in the abstract, and we know as little of that of gonorrhœa, —that is, we do not know what is the particular ingredient or quality in gonorrhœal discharge, or in the secretion from a syphilitic sore, that is capable of producing the disease in another person, when applied to certain parts; we only know that a certain fluid, called gonorrhœal discharge, and the secretion of syphilitic sores, will produce such affections. We are acquainted, therefore, not with the poison in the abstract, but with the poisonous or infectious secretions, as manifested by their effects. The question, then, respecting the identity or diversity of these two poisons, seems to me to come to this, —whether two things, both of which are entirely unknown to us, be the same, or whether they be different? It is very difficult to answer a question of that kind. We may perhaps make the question more clear, and more susceptible of an answer, if we put it in this form, —whether gonorrhœal discharge be capable of producing syphilis; and whether the secretion of a syphilitic sore be capable of producing gonorrhœa? In this way it is reduced to a question of fact, which we should suppose might be tolerably easily answered. Now, if we see two effects that are perfectly like each other, we may naturally infer that the causes that produced them are similar or identical. On the other hand, if we see effects totally dissimilar, we can have no hesitation in saying they arise from dissimilar causes. How does the case stand, then, in respect to the present

question? Syphilis consists of ulcers, followed by a train of morbid appearances in various parts of the body, occupying a long time, sometimes several years; gonorrhœa consists in inflammation of the mucous surface of the urethra or vagina, going through a certain course, coming to a natural end, affecting the parts immediately concerned, and not in general attended with further influence on the constitution. These two diseases seem totally unlike each other; and the natural inference that presents itself to my mind from contemplating the diseases in this view would be, that they owe their origin to causes essentially different.

Those persons who believe that syphilis first arose about the time of the discovery of America, or the invasion of Naples, are still of opinion that gonorrhœa existed before that time, and that it was an old disease. We should naturally suppose that persons who held this opinion, would think that gonorrhœa depended upon a poison different in its nature from that of syphilis; for if gonorrhœa existed from more ancient times, how does it happen, supposing the poison that produced it to be the same as that which produced syphilis, —how does it happen, I say, that syphilis has not existed as long as gonorrhœa? The belief in the identity of the poisons seems to me incompatible with the idea that gonorrhœa is an ancient affection, and that syphilis is one of recent date. However, it does happen that persons who believe in the more recent origin of syphilis, are still of opinion that the poison producing the two diseases is the same. This was the case with Mr. Hunter. He was a great

advocate for the identity of the poisons of gonorrhœa and syphilis; in fact, he says the two poisons are the same, and that the difference in the two diseases arises merely from the differences in the texture of the parts to which the poison is applied,—that is, if the poison be applied to a mucous surface, such as the urethra or vagina, then it causes gonorrhœa; if it be applied to a surface covered by a cuticle, then it produces syphilis,—primary syphilitic sores. But if this were the only difference in the two cases, it appears to me, in the first place, that we should expect to find females laboring almost invariably under gonorrhœa, and very seldom under syphilis, because in them the poison is applied to the surface of the vagina. It may be applied to some of the external parts of the genital organs, but not necessarily so. However, in the female the poison is necessarily applied to the surface of the vagina; and we ought, therefore, if the poison be the same, to have gonorrhœa constantly produced; but we do not find that gonorrhœa exists in a greater proportion in females than syphilis. Then, on the other hand, we should expect to find that syphilis would be found much oftener in men than gonorrhœa, because the poison is applied, in them, to the external surface of the penis, or prepuce, or glans; and it seems rather difficult to account at all for the introduction of the poison into the male urethra: yet gonorrhœa occurs very frequently in males. To settle the question of the two poisons being identical, we ought to find gonorrhœa and syphilis coexisting together, because, in the majority

of instances, we may suppose that the poison has been applied, especially in females, both to a secreting and non-secreting surface. Now, we do sometimes find that gonorrhœa and syphilis exist together, but their coexistence is comparatively rare.

Mr. Hunter attempted to bring this opinion to the test of direct experiment, and introduced, by puncture with a lancet, the matter of gonorrhœa into the glans penis and prepuce. He has given a long account of his experiment, the result of which was, chancre in the part, sore throat, nodes, &c. If this experiment were to be admitted, it would be decisive of the question, as it would unequivocally prove the production of syphilis from the introduction of gonorrhœa into a wound. For my own part, however, I can only say that in the narrative there are so many inconsistencies, that, in spite of the high authority of Mr. Hunter, I must withhold my belief; and I am in some measure encouraged in this by the fact, that attempts have been made to produce primary syphilitic sores from gonorrhœal matter, and to produce gonorrhœa from the discharge of syphilitic sores, which attempts have totally failed. Mr. B. Bell, of Edinburgh, recounts several experiments made for both of these purposes: experiments in which gonorrhœal discharge was introduced by inoculation with a lancet, and produced no effect whatever, and other instances in which the secretion of primary syphilitic sores was applied to the vagina and male urethra. Now, when the secretion of a chancre was introduced, by a small puncture, into the surface of the male ure-

thra, he found that disease was produced, but not gonorrhœa; in fact, chancre was produced,—chancre which led to the occurrence of secondary symptoms, and required a long course of treatment for their cure; and here I may observe, that Mr. Hunter's statement is by no means correct; that the application of any given infectious matter, either to the vagina or urethra,—that is, to a secreting mucous surface,—will produce, not a sore, but discharge. This statement is not correct; for we find,—not very frequently, indeed, but so often that it is perfectly well known,—that chancre may take place within the orifice of the male urethra; and a troublesome thing it is when it occurs there. We also know that chancre may take place within the vagina. The urethra and vagina are both susceptible of the occurrence of syphilitic affection.

The general result of the observations that I have made, leads me to the opinion that gonorrhœa and syphilis are *essentially distinct* in their nature; that the poison that produces the two must be different, and that there is a much greater difference between the two affections than can be accounted for simply by any difference in the textures of the parts in which they are seated. I consider them as totally and essentially different in their nature, and cannot doubt but that the causes which produce them must be equally different.

A certain interval of time elapses between the application of the infection and the occurrence of gonorrhœa,—a few days. Gonorrhœa generally takes place sooner after infection than chan-

cre, but it may be protracted for two or three weeks. In the first place, a slight degree of heat and uneasiness is experienced about the orifice of the urethra; the margin of the opening swells and becomes red, that is, the lips of the urethra become tumid and red, and then very quickly the discharge shows itself. A thin yellowish fluid issues from the urethra, increases in quantity, and becomes thick and yellow, sometimes having a greenish appearance. The pain and uneasiness increase in proportion as the discharge increases. Together with these symptoms, you find that a very unpleasant sensation is experienced in making water. The passage of the urine over the inflamed surface of the urethra produces a sense of burning and scalding, technically called *ardor urinæ*,—a sense of heat in making water; after which the increased secretion flows very copiously from the urethra. The symptoms increase to a certain extent in violence, and last for a certain time; they then begin to decrease, the pain subsides, the discharge diminishes in quantity, and continues to decrease till it goes away altogether: and thus gonorrhœa, if left to itself, will pursue a certain course, and disappear entirely, this process occupying a space of perhaps four, five, or six weeks. Sometimes, instead of disappearing entirely, the discharge diminishes in quantity, becomes thick, has a less bright yellow color, and sometimes even becomes colorless. The scalding in making water is lost, and nothing remains except this increased secretion. In this state the complaint may last for a great length of time,—weeks,

months, or even years ; and it is then technically called *gleet*.

But persons who catch a clap do not always get off quite so easily as this : what I have described is a sort of gentle clap, where the symptoms are mild,—a sort of middling case. Frequently, however, the inflammation is very considerable ; the glans penis swells and becomes of a bright color ; the lips of the urethra are particularly tumid and red ; the prepuce swells, becomes œdematous, and passes into a state of phimosis, while, at the same time, the inflammation extends along the whole length of the urethra to the bladder. In the milder case that I have been mentioning, it is found, by examination, that the inflammation of the urethra does not reach further than about one inch and a half, or two inches from the orifice, and Mr. Hunter calls this the “specific distance.” He seems to have an idea that in the infectious disease, properly called clap, the inflammation usually does not reach beyond the point I have mentioned. However, the inflammation by no means observes this boundary in all cases ; it often goes beyond what Mr. Hunter has described, runs along the urethra, and extends to the bladder : and, indeed, the mucous membrane of that viscus is sometimes involved in the inflammation. In these cases there is violent pain of the urethra ; this runs along to the perineum, and is felt severely about the anterior region of the bladder. The patient also experiences painful erections, caused by the irritation to which the penis is subject. They are repeated frequently, and give rise to excessive pain. This is

a symptom usually experienced in clap to a greater or less extent. The violence of the inflammation is sometimes attended with an effusion of coagulable lymph, either in the interior of the corpus cavernosum, or the corpus spongiosum urethræ. Owing to this, when the penis is erected, it becomes curved in an unnatural direction ; a circumstance which has given rise to the term *chordee*, as if the part were confined by a cord or string.

In another form of this affection,—when the inflammation extends to the bladder,—the patient is tormented by an incessant desire to void his urine, and the act of doing this is excessively painful ; the ardor urinæ is increased to an almost unbearable degree, under such circumstances ; and inasmuch as the mucous lining of the urethra is swelled, from the state of congestion in all the vessels, the canal is diminished in its calibre, so that the urine comes out slowly, and of course the pain in discharging it is proportionally diminished. At length this difficulty in the discharge of the urine sometimes proceeds to such an extent that it comes away by drops, or it may even proceed to complete retention of urine. It also happens occasionally that some of the over-distended vessels of the membrane give way, and blood escapes. This is a very favorable occurrence, because it tends to relieve the turgid vessels of the inflamed membrane.

Such are the circumstances that characterize clap in the worst form. When the inflammation occupies the whole of the urethra, when it affects the prostate and bladder, there is perhaps

hardly a more painful disease, or one altogether of greater suffering while it lasts, than a case of gonorrhœa which extends in this way. Then other cases again are particularly mild; they trouble the patient with very little pain, and there is only a little uneasiness in voiding the urine.

II.

CASES OF PAINFUL SUBCUTANEOUS TUBERCLE.

THE last number of the *Edinburgh Medical and Surgical Journal* contains the following cases of painful subcutaneous tubercle, reported by Mr. David C. Carruthers, Esq., Surgeon, Dundee.

CASE I.—William Wilson, æt. 52, laborer, Balmossie, near Dundee, has a small subcutaneous tumor, situated upon the middle, posterior and ulnar side of his left forearm. A slight elevation is observed in certain positions only, and between two veins of considerable size, having much the appearance of a varix. Its feel is peculiar, appearing to consist of fatty substance, and a small round body exceedingly hard, resembling a small shot, and evading the touch. It is the source of great uneasiness while working, and is particularly painful during damp weather; also in the night often causing him to awake, occasioned, he imagines, by the bedclothes coming in contact with it, as it is exceedingly sensible when in the least compressed. Pain darts along the inner side of the arm to the armpit and shoulder. About sixteen years ago, he was led to observe it on feeling a slight degree of pain near its seat. He does not

think it has grown much since, nor can he trace it to any blow, prick, or other cause.

I removed it by two semi-elliptical incisions, including the smallest possible portion of integuments, and avoiding the veins on each side. It was seated somewhat deeply, adhering to the fascia beneath, but otherwise surrounded with cellular substance. A small subcutaneous branch of a nerve seemed to pierce its upper and inner part, but its exit could not be seen. The cellular substance surrounding it appeared more compact than natural. It was easily extracted without wounding either of the veins. The patient said the pain of cutting really was less than I had occasioned him while examining it some days before. After its removal, I examined it very carefully. It was of a triangular appearance, and of a dark brownish color, lobulated; and at one of its corners was felt and seen the small, round, hard body.

On laying it open by an incision through its longest diameter, it appeared to consist of a reticulated filamentous structure, surrounded by a tough membranous capsule, and containing a dark brownish fluid, staining linen and white paper of a coffee color; the small, round, hard body, consisted apparently of a cartilaginous substance, with a dark centre, and united firmly to the general mass. Several other parts of the mass were evidently acquiring a hard consistence, and approaching to the roundish form. No nerve could be traced within its substance. Once or twice, with the assistance of the microscope, I could trace a small fila-

ment, but rather think it was only part of its reticulated structure.

Whether the nervous twig seen at its upper and inner part pierced, but was so interwoven with its internal structure that no trace of it could be detected, or that the external membranous covering was the distended *neurilema*, it is difficult to determine; but from the nervous twig gradually enlarging at its approach to the small tumor, it would seem to favor the opinion of Jacobi, "that they consist of a morbid change of the *neurilema* by deposition of a dark-colored albuminous matter in the *neurilematic* interstices."

The small wound showed at first little tendency to heal, and its lips were for some time surrounded by an erysipelatous blush; but by the usual remedies at last it healed kindly. Nothing of the kind exists in any other part of his body.—September, 1828.

CASE II.—James Herd, æt. 49, feuar, Forthill, Broughty Ferry, neighborhood of Dundee, has a small subcutaneous tubercle situated on his left arm, a little above the elbow, and at the outer side a little elevation is visible, and feels of a firm consistence, rather loosely attached in its seat, about the size of a coffee-bean, and immediately under the integuments, which are of the natural appearance. Complains of its being subject to paroxysms of acute pain, resembling those of severe toothach, having it very tender to the touch for some time after. The paroxysms generally occur during the night, causing him to awake, and continue more or less severe for upwards of an hour. The pain is seated chiefly in the tubercle, but extends also

to the neighboring parts. It is the seat of excruciating pain, if accidentally struck, but it is not always painful when touched, unless during a paroxysm. Is quite certain that the changes of the weather have a very marked effect upon it. The paroxysms are at present frequently brought on while working, by his having to throw up rubbish from a well, at which times they take place suddenly, and are of short duration, while at all other times they come on more gradually.

About six years ago he first observed it, on feeling frequent stinging pains near its seat. There was then no prominence, but it could be felt of the size of a barleycorn, and moveable. Since that time it has slowly increased to its present size, and the paroxysms have likewise increased in frequency and in severity.

I removed it by two semi-elliptical incisions, including a very small portion of integuments. It did not adhere to the integuments, and was easily extracted from its bed of cellular substance. No vessel nor nerve could be detected entering its substance. It was much lobulated, of a cartilaginous appearance, and very hard. I divided it through its longest diameter, and laid open a small triangular cavity, having the internal surface of its parietes smooth, and moistened by a minute quantity of a glairy fluid. The small tubercle was evidently of a cartilaginous nature, covered externally by a very delicate film of condensed cellular web, destroying the transparency which it otherwise would have had, judging from the internal appearance.

The lips of the small wound

healed by the first intention in the space of a few days, leaving little or no scar.—October, 1828.

CASE III.—A married woman, æt. 44, Dundee, who had a subcutaneous tubercle situated upon the upper and outer part of the leg, about a handbreadth below the knee. She had been troubled with symptoms differing but little in substance from Case II. for upwards of nine years. It was deeply imbedded in cellular substance, but was easily extracted by Dr. Ramsay, with whom I examined it immediately afterwards. It consisted of a tubercle of oval figure, of a hard fibrocartilaginous nature, and, when divided, it was semitransparent and solid throughout. Neither vessels nor nerves were observed, and none afterwards could be traced into its substance.

It is pleasing to remark, in the above three cases, that none of their distressing symptoms have ever as yet threatened to return; and it is now rather more than four years since Case III. was operated upon.

III.

ANOMALOUS CASE OF STRANGULATED ILEON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Although the following case does not present anything of great practical importance, still its anomalous character may render it worthy a place in your Journal.

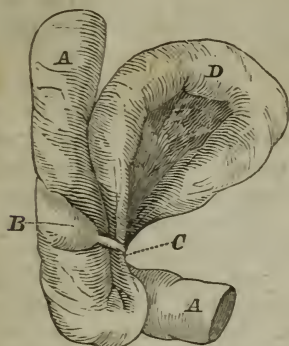
Mr. Abraham R. Thompson, Jr., aged 19 years, son of Dr. Thompson of this place, was, on the 21st of May, seized with pain

in the right iliac region. Pulse hard and quick. Venesection and vesication over the abdomen were employed, and neutral salts administered, and, no operation following, an enema was given, which brought away a quantity of feces; the pain subsided, and great prostration ensued. On the morning of the 23d, he commenced vomiting stercoraceous matter, which was followed by all the symptoms usually met with in cases of intussusception and strangulated intestine. The uncertainty as to the exact difficulty, rendered it unadvisable, in the opinion of the physicians who saw him, to attempt giving any surgical relief. On the evening of the 26th, he died. As the case is reported not for its practical utility, but for its singularity, I have thought it unnecessary to give a detailed account of the practice pursued.

Post-mortem Examination.

On opening the abdomen, the vessels of the peritoneum were observed to be very full, although no blush of inflammation was discovered. The intestines, at their points of apposition, slightly adherent; the stomach contracted. In tracing the course of the ileon, portions of it were found inflamed, and, at a distance of thirty inches from its junction with the cœcum, an obstruction of an unusual nature was discovered. It consisted of a preternatural process, or cul de sac, given off from the intestine, the apex of which adhered, by a semi-ligamentous band or loop, to the mesentery; thus forming a ring through which fourteen inches of the ileum intestinum had passed and become strangulated. The parts in the vicinity of the ring were highly inflamed, and a small

portion of the intestine had become sphacelated. You have, in the annexed diagram, a representation of the parts as they appeared on dissection.



- A A Ileum Intestinum.
 B The process or cul de sac.
 C The semi-ligamentous band which attached the sac to the mesentery.
 D The strangulated portion of the ileon.

Whether this ring was of recent formation or not, may admit of question; but, from the firmness of its structure, and the force required to detach it from the mesentery, I am induced to think it of long standing, if not congenital.

Yours, &c. J. S. HURD.
 Charlestown, June 1, 1830.

IV.

EFFECTS OF DRINKING COLD WATER IN THE SUMMER SEASON.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—I have read with much pleasure some remarks in your last Journal, by the celebrated Dr. Rush, on the dangerous effects sometimes following the use of cold water when the body is heated. Of the description of the disease, and of the mode of

treatment, I have nothing to say: but of the theory of the affection, if I may call it such, advanced by the writer, and of the precautionary measures advised by him, permit me to say a few words.

Dr. R. says that the disease depends on these circumstances:—1. The body is exceedingly warm. 2. The water is exceedingly cold. 3. A large quantity is taken at once into the stomach.

In regard to the 1st circumstance, it is well known that whatever the feelings may indicate, the heat of the human body varies very little under any circumstances. Its natural standard of heat is about 98 deg. Fahr. An increase of 4 or 5 degrees is the utmost that occurs, except when it is exposed to a very extraordinary temperature, and it rarely if ever sinks to 95 deg.

As to the 2d circumstance, that the water is exceedingly cold, it certainly is not colder in summer, when the disease is most frequent, than in other seasons, when it is almost unknown. It is probably, even when first drawn from the well, a few degrees warmer; ordinary spring water being at about 50 deg. Fahr. in the warm season, whereas it is often drank at 45 deg., or even at a lower temperature, in the winter. I doubt, therefore, if the difference between the temperature of the water and that of the body, in instances where the ill effects described by Dr. Rush have ensued, is any greater than it is in thousands of instances where no ill effect has followed or been apprehended.

But be this as it may, it is a well established fact that the mere increase of animal heat is no objection to the free use of

cold water. It is only when this increase of heat has been brought on by labor or exercise sufficient to have produced fatigue and exhaustion, that there is hazard. It is this exhaustion of the system which renders it unable to withstand the depressing force, or, if you please, the shock of the cold water; and accordingly we find the disease occurring rarely, but in those who have worked not only in the heat, but very hard, and for a long time steadily.

Of the safety and even advantage of cold bathing when the body is warm with active exercise, and in the heat of the day, too, I am satisfied from what I have observed in my own case and in that of many others. The work of Dr. Currie on cold water, familiar to all medical men, abounds with instances proving the correctness of what I have asserted.

The 3d circumstance mentioned by Dr. Rush is very important. It is in excess that the chief danger lies. A quart of

cold spring water might kill a sound man, much more one whose vital energy is half exhausted by heat and labor.

It is obvious that if the preternatural heat of the body is not the circumstance on which the disease depends, the precaution advised by Dr. Rush, of grasping the vessel of water with both hands for a minute or more, and of washing the face and hands before drinking, will not do away the risk, unless, by the partial refreshment they afford, they give a previous impulse to the flagging energies, prevent the suddenness of the shock, and diminish the eagerness with which the draught is swallowed, and so the quantity taken.

I know of no safer course for those who, with the cup at their lips, cannot drink with moderation, than to abstain from it entirely until rest has restored in a measure the natural tone of the system. Yours, &c.

F. J. HIGGINSON.

Boston, June 9th.

BOSTON, TUESDAY, JUNE 15, 1830.

THEORY OF SYPHILITIC DISEASE.

MR. TRAVERS, who has distinguished himself abroad both as a man of science and a practical surgeon, advances, in a work recently published, some new views respecting the nature of venereal disease. According to him, syphilis and gonorrhœa are different forms of a common malady, and mutually produce each other or reproduce themselves, not according to any peculiarities in the constitution of the individual affected, but accord-

ing to accidental circumstances in the state of the parts to which the virus is applied. If the matter secreted in gonorrhœa be applied to a previously healthy urethra or vagina, the consequence will be a mucous inflammation and discharge, without ulceration, constituting itself a proper gonorrhœa; but if the surface with which the gonorrhœal discharge comes in contact has been previously ulcerated from any cause, the virus is absorbed, the system becomes tainted, and while some or all of the

symptoms of syphilis succeed, the ulcer itself participates in this secondary influence, and puts on a syphilitic character. If we add to this that Mr. Travers does not consider the gonorrhœal discharge as specific, but thinks this character belongs to any muco-purulent discharge from the surfaces alluded to, even if they arise from a cause simply local, it will be perceived how extensive are the consequences which result from this theory. It would appear not only that gonorrhœa may produce syphilis by communication, if any solution of continuity exist in the parts to which it is applied, but that it may be followed by syphilis in the same individual, either in consequence of ulceration accidentally induced, or of erosion caused by the direct influence of the morbid discharge itself. Still further, it might happen that a mucous discharge, caused simply by local irritation or want of cleanliness, should degenerate into true gonorrhœa, and this subsequently produce syphilis by absorption, independently of any commerce, lawful or unlawful, from first to last. In this view, the matter certainly looks very serious; and it is not easy to say who may not be embraced within such a sweeping list of possibilities. At all events, the theory is sufficiently extensive to account for most of those facts in relation to the contagion of gonorrhœa and syphilis which have hitherto been regarded as anomalies; and has the additional advantage of being prepared against many others which have never yet been noticed. A more particular account of what is

new in the work of Mr. Travers, may be found in the *London Medical Gazette*, No. 123.

OPERATIONS ON DISEASED JOINTS.

A MEMOIR has recently been presented to the French Academy of Medicine by M. Roux, containing, among other plans of improvement in surgical practice, that of a new operation in certain cases of white swelling, as a substitute for the amputation of the limb. M. Roux had remarked that in limbs affected with this disease, the substance of the bones above and below the joint, as also the muscular and tendinous substance surrounding it, were frequently healthy. It occurred to him, therefore, that if it was possible to effect a division of both bones, and separate the soft parts so as to insulate the diseased joint, this might be removed, and the remainder of the limb be left in a condition to be useful. He at first thought of attempting this with regard to the knee; but on reflecting that a lower extremity which would yield no support could be of little benefit to its possessor, he abandoned this design, and concluded to confine his experiment to hydarthric swellings of the elbow joint. Accordingly, four cases of this kind were treated by removal of a portion of the humerus above, and portions of the radius and ulna below. The details of the operations are not given. The wounds presented, as was to be expected, a terrific appearance, and vast quantities of matter were secreted by the surfaces exposed. Of the patients operated on, one died within a short

time after the operation. In the other three, the wounds healed at the end of three, six, and eight months, respectively; and of these, one died subsequently of phthisis. The rest were restored to perfect health, and retained the entire use of the hands and fingers; so that one was enabled to gain his livelihood as a grinder, and the other, a female, returned to her occupation as a *couturière en robes*.

The same operator has removed the metacarpal bone of the thumb in some cases where it became the seat of disease, not extending to the adjacent joints. The operation consists in insulating the bone from the surrounding soft parts, and disarticulating it at the two extremities. This mode of proceeding was followed by the happiest effects; the muscles contracting gradually, caused the thumb to approximate the bone, until the space left by the excised bone was obliterated; and this portion of the extremity continued to perform its functions, suffering only the disadvantages necessarily consequent on its diminished length.

As respects the first of these operations, for the introduction of which M. Roux takes some credit to himself, it has been, during the last two years, performed by other practitioners with at least equal success. In November, 1823, Mr. Syme, of Edinburgh, removed the elbow joint for caries, in a man about 24 years of age. A great part of the wound healed by the first intention, but the remainder closed more slowly. At the end of four months the patient was able to write, and seemed likely

to gain the entire use of the limb. Another case, which occurred in a boy of 8 years, was operated upon on the 27th of November. Parts of the radius, ulna, and humerus, were removed as before. No part of the wound healed by the first intention, but granulation took place favorably, and the cure was nearly complete at the end of three weeks. The third patient, a ship carpenter, aged 41, was operated upon the following January. The operation was more difficult and tedious than the preceding, but nearly all the wound healed by the first intention, and the cure was complete at the end of a fortnight.

The two next operations, like the preceding, were rendered necessary by caries of the joint. Both were performed between May and October, 1829, and resulted favorably. A sixth case, which presented itself about the end of August last, was an extensive disease both of the bones and the soft parts, occurring in a female 15 years of age. The joint measured 13 inches in circumference; the skin over the olecranon was extensively ulcerated, and there were sinuses extending to the bones both on the anterior and posterior parts of the joint. This operation was attended with entire success. Another case occurred in a boy of 8 years, and was operated on January 12th. It did well. Since this date, Mr. Syme has twice operated for white swelling of the knee with caries, removing the patella and portions of the femur and tibia. The first case proved successful, and four weeks after the operation the wound

was nearly healed. In the other, the femur was found diseased considerably above the place of division; amputation was therefore determined on, but before it could be effected, the patient died. In the successful case, the tibia and femur were placed in apposition, and the limb proved of considerable service to the boy in walking.

The most interesting fact in the result of these operations, is the degree in which the patients referred to regained the power of moving limbs which had undergone so serious a mutilation. We find it mentioned, in proof of this restoration, that the first patient was enabled to use his arm with freedom, and to write with the greatest facility with the corresponding hand. In this and the other cases, it was evident that the divided muscles found new attachments, fixing themselves round the remaining bone, so as to become capable of performing their functions. Another instance of similar adaptation to circumstances, occurred in a subsequent case, in which the foot was amputated by incision through the tarsus. It was found, after the healing of the wound, that the flexors of the ankle had gained new attachments, and thus prevented the preponderance of the gastrocnemius and other extensors, so that the heel, instead of being forcibly drawn up, could be placed in its proper position on the ground.

ENDERMIC MEDICATION.

WE have lately taken occasion to notice some of those facts which go to prove that medicinal agents are capable of producing their specific

effects, when applied to the sound surface of the skin corresponding to the part intended to be affected. This was then stated to have been shown in a very satisfactory manner with regard to many articles of the narcotic class. One of the most useful, as well as striking instances of this fact, occurs in the use of the belladonna when applied to the surface around the eye in order to effect the dilatation of the pupil. From a consideration of its efficacy in these cases, a French practitioner was induced to make trial of it in a neuralgic affection of an intermittent character, accompanied with severe pain, seated in one side of the forehead directly over the eyes. Various remedies having been used to no purpose, a quantity of the extract. belladonnæ was rubbed over the part at the commencement of a paroxysm. The relief was both immediate and permanent. The pain ceased in the part, and did not recur, and the application appeared to have effected an entire cure. The same treatment was subsequently adopted in five cases having more or less resemblance to the first, and in all with nearly equal success. In one of these the pain was peculiarly acute and lancinating, precisely resembling that of tic douloureux. In another, the pain having returned after an interval of relief, the patient at once procured a quantity of the extract, and speedily experienced its soothing effects. In the most severe case mentioned, a temporary respite from pain was procured, although, as was afterward discovered, the symptoms arose from chronic cerebral inflammation, and re-

quired more active treatment.— In one case where the seat of pain was very near the eye, considerable inconvenience resulted from the dilatation of the pupil consequent on applying the remedy, which caused for a time a loss of vision in the affected organ. On the whole, the amount of evidence presented seems quite sufficient to justify having recourse to this article, in cases similar to those above mentioned.

EFFECTS OF THE ESSENTIAL OIL OF
LEMONS IN SOME DISEASES OF THE
EYES.

M. WERLITZ cuts a slice of lemon peel, about an inch long and half an inch broad, places the upper part opposite the affected eye, and, the eyelids being opened, squeezes out the little drops of volatile oil contained in the tissue of the rind into the eye. The sensation produced is acute, and continues for an hour or two. If the pain caused should be severe, cold applications are to be employed. The effects attributed to the oil of the lemon peel are those of increasing the capillary circulation, and causing the absorption of morbid depositions.

From experiments which have been made at Berlin, it would appear that the following diseases are remedied by this treatment:—Inflammations of the eye which are passing into the chronic state, and which affect the external parts,—as the conjunctiva, cornea, or sclerotica,—particularly if the small vessels be turgid. M. Werlitz has also found the remedy useful in the rheumatic, gonorrhœal, and scrofulous forms of ophthalmia; in pannus and pterygium; in albugo and opacity of the cornea; and in cases where the texture of the cornea has lost its healthy density, and becomes soft and spongy. The remedy may be employed frequently during the day, depending

upon the degree of irritation it produces.—*Jour. für Chir. und Augen.*

Obstinate Hysteria cured by the Removal of a small Tumor under the Breast.—A woman had two small tumors, moveable under the skin, and about the size of small peas, which made their appearance after a blow on the chest. The development of one preceded that of the other, and was not attended with inconvenience. The appearance of the second was followed by symptoms of severe hysteria. She had been in this state for several years; when, at length, urged by the severity of her sufferings, she applied at La Charité for relief. M. Boyer extirpated the tumor which had formed last, and thus at once put an end to the disease.—*Gaz. Medicale.*

Intermittent Headach cured by the Evacuation of Calculi from the Nose.—A young woman had periodical headach, returning every day, and apparently originating in the left frontal sinus, and extending all over the corresponding side of the head. After many years suffering, she evacuated from the left nostril a calculus as large as a bean, which event was followed by improvement. She now tried sternutatories, by which means several more calculi were ejected, and afterwards some fetid pus. From this time she got well. The calculi were analysed, and found to consist of phosphate of lime, carbonate of lime, and magnesia; traces of soda, oxide of iron, and animal matter.—*Ib.*

Ossified Brain.—M. C. Matteucci having examined a brain which he discovered in an old anatomical collection, found it to exhibit a singular case of ossification throughout its whole substance. When heated, it burnt, evolving ammonia, leaving a bulky charcoal. When examined by chemical agents, carbonate of lime was found in small quantity,

and phosphate of lime in much larger, but the principal part of the mass was animal substance, closely allied to *ozmazome*.

The composition of the concretions that are sometimes found in the pineal gland, are, according to Fourcroy, of the same nature.—*Ann. de Chimie*.

Medical School of Maine.—The course of Medical Lectures at Bowdoin College, for 1830, closed on Saturday, May 15th. The examination of candidates for the degree of Doctor in Medicine commenced on the following Monday morning, and continued until Saturday noon. Of a class consisting of *ninety-nine* pupils, *thirty-six* candidates for a degree passed a satisfactory examination before the Faculty of Medicine. The following list contains the names of the young gentlemen, their places of residence, and the subjects of their dissertations:—

Benj. Atkinson, *Newburyport*, Ms., on Tetanus. Ariel Ballou, *Cumberland*, R. I., Jaundice. Ezekiel M. Bartlett, *Bethel*, Carduus Canadensis. H. Bourne, A.B., *Attleborough*, Ms., Influence of Nervous Irritation on the Mind. Benj. F. Buxton, *Warren*, Ictodes Foetidis. Moses P. Cleaveland, A.B., *Brunswick*, Cæsarean Operation. Luther Cross, *Keene*, N. H., the Nerves. Alexander H. Day, *St. Augustine*, E. Florida, Contagiousness of Yellow Fever. Joseph P. Dorr, *Chatham*, N. Y., Retention of Urine. Franklin P. Fletcher, *China*, Menstruation. Octave C. Fortier, *Quebec*, L. Canada, Phthisis

Tuberculeuse. Moses Frost, *Norway*, Typhous Fever. Jared Fuller, *Hampton*, Conn., Opium. Franklin Gage, A.B., *Augusta*, Fungus Hæmatodes. George W. Goodwin, *South Berwick*, Bloodletting. Jerome Harris, *Methuen*, Ms., Secale Cornutum. Nahum Jordan, A.B., *Ellsworth*, Hæmoptysis. Sherman M'Lean, *Andover*, Conn., Necrosis. Calvin M'Questen, *Bedford*, N.H., Dyspepsia. Wm. Marrett, *Standish*, Phthisis Pulmonalis. Robert S. Morrill, *Canterbury*, N. H., Osteitis. Selim Newell, *Derby*, Vt., Diabetes Melitus. John D. Pilsbury, *Pembroke*, N. H., Hepatitis. Hosea Powers, *Sandford*, Chorea. Israel Putnam, A.B., *Sutton*, Ms., Conception. Thomas Roberts, *Bethel*, Enteritis. Luke W. Stanton, *Norwich*, Ms., Organic Affections of the Heart. Enos H. Thompson, *Avon*, Cholera. Isaac Thompson, *Rumford*, Scrofula. Erastus C. Torrëy, A.B., *Windsor*, Vt., Hepatitis. Nathaniel C. Towle, *Wolfborough*, N. H., Indigenous Medicines. Isaac Waterhouse, *Poland*, Blisters. Thomas White, *Bethel*, Phrenitis. Albert Williams, A.M., *Boston*, Ms., Functional Derangement of the Digestive Organs. Lewis Whitney, *North Yarmouth*, Influence of the Imagination on the Fœtus in Utero. —*Eastern Galaxy*.

City Medical Officers.—By an unanimous vote of the city authorities, Dr. J. V. C. Smith has been re-elected Quarantine Physician, and Drs. T. Welsh, J. C. Warren, B. Shurtleff, and Geo. Hayward, have been re-chosen Consulting Physicians, for the ensuing year.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MAY 28.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
May 22.	F.	28 yrs	inflammation on the liver		M.	42 yrs	consumption
	F.	20	lung fever	24.	F.	35	sudden
	F.	22	consumption	26.	M.	18	consumption
	M.	25	do.	27.	F.	31	unknown
	F.	18	do.		F.	6	dropsy on the brain
	M.	11 mo	inflammation on the lungs		F.	22 mo	spasm
	M.	37 yrs	intemperance	28.	M.	49 yrs	hooping cough
23.	F.	54	dropsy on the brain		M.	20	confluent smallpox (Hospital Island)
	M.	9 mo	croup				

Males, 8,—Females, 9. Stillborn, 1. Total, 18.

ADVERTISEMENTS.

NEW MEDICAL WORKS.

JUST published, and for sale, by CARTER & HENDEE,—

A Treatise upon the Semeiology of the Eye, for the Use of Physicians; and of the Countenance, for Criminal Jurisprudence. By J. F. DANIEL LOBSTEIN, M.D.

A Treatise on Surgical and General Anatomy. By WILLIAM E. HORNER, M.D. In 2 vols. 2d edition, revised and corrected.

The American Dispensary; containing the Natural, Chemical, Pharmaceutical, and Modern History, of the different Substances employed in Medicine. Together with the Operations of Pharmacy, illustrated and explained according to the Principles of Modern Chemistry. To which are added Toxicological and other Tables; the Prescription for Patent Medicines, and various Miscellaneous Preparations. Eighth edition, improved and greatly enlarged, by JOHN REDMAN COXE, M.D.

May 25.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

NEW MEDICAL BOOKS.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISSY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from healthy subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

EUROPEAN LEECHES.

A SMALL lot of remarkably fine Leeches, having been kept over the winter, and never used, are offered by retail by

R. A. NEWELL,
Druggist, Summer Street.

Leeches sent to any part of the city and applied without any extra charge. June 15. 3¢

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Knappa Lambda Association of the United States.—No. 18. For April, 1830. May 18.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JUNE 22, 1830.

[No. 19.

I.

MODES OF TREATING INTERMITTENT FEVER PURSUED AT THE VARIOUS HOSPITALS OF PARIS.*

It will be curious, and may be useful, to notice a resumé of the Parisian modes of treating intermittent fever, which has lately been published in a French contemporary. It is singular that scarcely two physicians in this metropolis treat an ague in precisely the same manner, though all agree in the principle of administering bark in one of its many forms. One will commence with a vomit; another with a purge; a third will neither vomit nor purge, but proceed at once to the cinchona; and a fourth, whom we take to be the most judicious of the whole, will adapt his emetic, or his calomel and jalap, or his sulphate of quinine, to the duration of the complaint, the character of the accompanying symptoms or lesions, and the relative condition of the patient. Let us see how matters stand with our Parisian confrères.

It appears that in Paris, as in this country, intermittent fevers have been more prevalent within these last few years, than they had been for some time previously. The ratio principii, or cause, is keenly disputed on the other side

of the water, and some local circumstances are thought by one party to afford an explanation of the circumstance. This may in part be true, but the general occurrence of aguish complaints in various parts of Europe which had latterly been free from their visitations, must depend on some more potent and extensive influences. It is more than probable that these exist in the atmosphere rather than the earth; for the seasons have exhibited considerable alterations from the ordinary and even "tenor of their way," since 1825.

Hôpital Beaujon.

During the year 1827, one hundred and eighteen patients affected with intermittent fever have been admitted into this hospital: their ordinary time of remaining in the institution is thirteen days. Of these 118 patients, 96 were males, and 22 females; but as the beds for the former are one-sixth more numerous than those for the latter, the calculation will be 82 men to 20 women, or as 4 to 1. No doubt the causes of this great disparity between the liability of the sexes to ague, must be looked for in their different habits of life, as well as in the circumstances of profession and exposure. Forty-two of the individuals were above thirty years of age, seventy-six below it. Twelve cases occurred

* From the Med. Chir. Review.

in winter, thirty-seven in spring, forty-two in summer, and twenty-seven in autumn. The quartans predominated in winter, the tertians in spring and autumn, and the quotidians in the summer. The majority of the patients from the country were from Boulogne, Point-du-Jour, or other such damp localities, whilst the Parisians were mostly inhabitants of the dark narrow streets in the vicinity of the Seine, or persons with sedentary and unwholesome occupations.

The writer of the foreign article on which we are now employed, who appears to be an offset from the "physiological" trunk in the Val-de-Grace, in other words a disciple of Broussais, lays down the following rules of treatment, founded on those which guide that celebrated systematist. 1st. The first means should be directed against the irritation in the system, the removal of which generally removes the fever also. Our author has seen *many* of these affections, intermittents, yield to antiphlogistics only at the Val-de-Grace. 2d. If symptoms of gastric or intestinal phlegmasia be present, we should abstain from administering febrifuges in the first instance. 3d. When the irritation is confined to the mucous membrane of the primæ viæ,* it is proper to administer them by the colon, and vice versâ. 4th. The febrifuges, especially quinine and its preparations, being viewed as irritants, should only be employed in small doses. Making some allowances for modes of expression and national usages, as in the *lavage* proposition, the above rules are very good ones, and deserving

of more consideration than they often seem to receive in practice.

In the 118 cases that occurred at the Hospital during 1827, M. Renaudin, the physician in charge, pursued the following method with universal success:—After the first paroxysm, six grains of the sulphate of quinine in three pills were given, until two periods had passed over without a fit: the same medicine was then continued for eight days, the dose being gradually diminished, and a pill being given from hour to hour in such a manner that the last was taken two hours before the expected paroxysm. The diet was good until the cessation of the fever.

Hôtel Dieu.

M. Husson, one of the physicians to this establishment, gives the sulphate of quinine internally, unless there be evident counter-indications. He begins with doses of one or two grains, which he augments progressively and indefinitely, according to the obstinacy of the complaint. A severe tertian was arrested in a girl of sixteen by a single grain dose of the sulphate.

M. Recamier usually begins with four or six grains of the quinine, and increases the dose daily, if necessary, to twelve, fifteen, or eighteen grains in the twenty-four hours. Such is the treatment of *ordinary* cases by the other physicians of the Hôtel Dieu, as well by those of the Charité and other institutions of Paris.

M. Bally, who believes in the *essentiality* of fevers, in the most ancient and extended sense of the term, maintains that the sulphate of quinine is only an irritant when given in small and repeated doses. Accordingly he prescribes it in

* By primæ viæ, the *upper* portions of the intestinal tube are obviously alluded to.

very large ones, beginning with thirty-six, forty, or even sixty grains, in the twenty-four hours. M. Bally asserts that this practice not only arrests fevers promptly, but prevents the occurrence of the organic alterations that are too often left behind. Like those who pursue the very opposite plan, M. Bally can appeal to a number of successful cases. This physician has been recently experimenting on the *salicine*, or principle obtained from the bark of the willow. In the case of a young pregnant woman, who attributed her complaint to terror, and suffered from *two fits* during the day, the fever was allowed to run on for seven days, and eighteen grains of the *salicine* in three doses were then prescribed. The remedy was continued for the two succeeding days, when its use was discontinued on account of some irritation which it seemed to produce in the throat: the fever was perfectly arrested. The reporter adds that several other equally conclusive cases have occurred in favor of this medicine.

The ligature of the limbs has been tried several times at the Hôtel Dieu, and with occasional success, but not sufficient to inspire any extraordinary opinion of its powers in the minds of the experimenters.

La Charité.

Experiments have been made at this hospital on the febrifuge powers of the misletoe in powder, which has lately been represented as more efficient than even the sulphate of quinine. M. Chomel has employed it on five or six patients during the course of the last autumn, but without success. The following facts deserve to be re-

corded and remembered. It is not because the virtues of a miserable drug like the misletoe, if drug it can be called, are put in question, but because the same circumstances step in to disturb our reasonings and vitiate our conclusions with respect to more potent and efficacious articles of the *materia medica*. The fact then to which we would draw the attention of our readers, is this:—M. Chomel being desirous of testing the powers of the misletoe, selected, last autumn, *twenty-two* patients laboring under intermittent fever. Before exhibiting the medicine, he waited for the appearance of some paroxysms; and the consequence was, that in *seven* the fever ceased spontaneously, and a cure ensued without the aid of any medicinal remedy whatever. In *four* other patients the paroxysms gradually and spontaneously diminished, and required a very small dose of the quinine for their complete dispersion. Of the eleven remaining individuals, *eight* displayed symptoms of intermittent phlegmasia, and were cured by antiphlogistics; and the final three, who alone became subjects for the misletoe, experienced no benefit from its use, but were cured by the quinine. This does not prove much in favor of the misletoe.

Here we must conclude, and perhaps we may be allowed to observe that so long as good bark is to be procured, practitioners will trust little to the inferior remedies which chance or ingenuity may point out as its substitutes. If a time shall arrive when cinchona is no more, or so scarce as to be sealed to all but the gold of the wealthy, then, and not before, will the numerous indigenous or foreign bitters be put into requisition for

the treatment of ague. At present, bark and arsenic are worth ten times more than the whole of them.

II.

ON THE EXTIRPATION OF STEATOMATA FROM THE SCALP.

THE suggestions contained in the following paper, by Mr. Chevalier, an English surgeon of distinction, may be practically valuable to every practitioner.

Every surgeon, says Mr. Chevalier, is aware of the inconvenience that frequently arises in the attempt to remove those small encysted steatomata which not uncommonly occur in the human scalp, and which appear to consist of one or more sebaceous glands enormously enlarged, and distended with a suety substance, little different from their natural secretion. The capsule of these tumors is often so exceedingly delicate and pellucid, that we can hardly ascertain its complete removal, unless by good fortune, or by skill on the part of the operator, it is extirpated entire; whereas, if the smallest portion of it should remain in the wound, the disease is liable to return.

In the uncertainty occasioned by the accidental puncture of one of these cysts, I have seen two methods employed; namely, the excision of a much larger quantity than necessary of the parietes of the cell in which the tumor was lodged, whereby the patient suffers more than is requisite in so trivial an operation; or else the introduction of caustic into the wound, for the purpose of destroying any portion of the capsule left behind, and of preventing union

by the first intention: and in this case, the use of the knife might as well have been dispensed with; for it is always sufficient for the cure of these tumors, and sometimes the most eligible treatment, to puncture them with a lancet, and, having squeezed out their contents, to introduce into the cavity a portion of kali purum for a few seconds. After a day or two, the capsule comes away entire, and the wound readily and permanently heals.

A slight alteration in the form of the common scalpel, however, has enabled me to ensure the removal of steatomatous and other tumors of a similar kind, without the rupture or puncture of their capsules; and in general, the small inverted pyramid, or graduated compress of lint, with which I have dressed the wound in the first instance, has come away after a few days, leaving the part healed.

It is evident that the point of the common scalpel, pressing upon the exceeding narrow surface which supports it, will indent the elastic and delicate capsule under an equal degree of pressure, to a deeper extent than the wider extremity of the blade, if the extremity were rounded. The former will therefore communicate to the hand, *ceteris paribus*, a less sensible resistance than the latter, and be so much the more likely to lay open the capsule, which it is also liable to puncture. Experience has shown me that a round point, or rather a round edge, will cut with equal certainty, truth, and precision, while the extent of its effect in every stroke of the knife may be far more accurately calculated, and more securely depended on, than

that of the scalpel in common use, which indeed must often operate as a *single-toothed saw*, if I may use such an expression, rather than as a knife ; and in all cases in which small tumors, either of delicate structure, or deeply imbedded in the neighborhood of important nerves or blood-vessels, are to be removed, I have long been accustomed to prefer the former.

As I have had occasion to advert to the method of curing steatomatous tumors by the application of caustic, so as to affect the sloughing their cysts, I may be permitted to add that I have employed, with success, a practice not very dissimilar for the cure of small and recent *ranulae* ; but in these I have used the *argentum nitratum* after puncturing the tumor, introducing it only for a second or two, so as to obtain the obliteration of the cavity, not by its destruction, as in the former case, but by adhesive inflammation, acting precisely upon the same principle as in the cure of hydrocele by injection.

I have known caustics employed in the same manner for the cure of *ganglia*, but without any necessity ; for if these tumors be large enough to produce inconvenience, they may in almost all cases be easily burst, by firm pressure made with a strong narrow splint upon the integuments immediately covering them ; and by this simple means I have obtained the *instantaneous cure* of many *ganglia*, without any symptom of pain or inconvenience, and without any injury whatever to the skin.

III.

TAPPING IN HYDROCEPHALUS.*

DR. CONQUEST introduced to his class, at St. Bartholomew's Hospital, on Saturday evening, one of the two children who had been successfully tapped by him for the relief of water in the head. It having been previously intimated that the child would be brought forward, considerable interest was excited, and an unusual number of gentlemen were present. This child, a girl of about two years of age, had several signs of hydrocephalus from a date soon after its birth, and for many months past the head had gradually increased, until it acquired an enormous size. The forehead was singularly broad, and the anterior fontanelle unnaturally large. The pupils were permanently dilated ; the child slept almost incessantly, and frequently had two or three frightful convulsions during the day and night. Dr. Conquest operated, some time since, before a large number of the pupils of the hospital, by pushing a very beautifully constructed trocar into the right lateral ventricle. He introduced it obliquely, close to the edge of the right temporal bone, about midway between the crista galli process of the ethmoid bone and the anterior fontanelle, so as to avoid the longitudinal sinus on the one hand, and the corpus striatum on the other. The instrument entered about two inches below the scalp. An ounce and a half of bloody serum, mixed with portions of cerebrum, escaped. The pulse became feeble, and temporary collapse

* From the London Med. Gazette.

followed. The fluid was allowed to escape stillicidium, and within eight-and-forty hours about two pints and a half flowed out of the opening. Almost immediately after the operation, the pupils became sensible to the stimulus of light; the drowsiness was succeeded by disinclination to sleep, and the pulse, which had always before been remarkably slow, became about 85. Two days after the operation, the brain evinced signs of inflammation, with high constitutional disturbance; and great alarm was excited by a rather formidable attack of convulsions. Leeches to the temples, and the constant application of cold to the head, subdued the local inflammation, and within four-and-twenty hours all became tranquil. The head was well strapped, and from the cessation of cerebral excitement no unfavorable circumstance occurred.

When this interesting child was exhibited to the class on Saturday evening, every one was struck with the improvement of its appearance, and by the intelligence and cheerfulness of its countenance. Dr. C. stated that he considered it perfectly well, and as exhibiting a most gratifying and triumphant proof that this seemingly formidable proceeding might be safely and successfully adopted under similar circumstances.

The other case, to which the doctor had often adverted during the winter, he operated on last autumn, assisted by Dr. Hodgkin, the talented pathologist of Guy's Hospital. Nine ounces of serum were withdrawn from the posterior fontanelle. The head became lessened *six inches* in its

circumference, and no increase in its size has yet recurred.

IV.

DR. KENNEDY ON LIFE AND MIND.*

ZOONOMY may be accounted the science of *living* things,—vegetables, animals, man,—and of their distinctive attributes—organization, vitality, and mind.

Organization implies life; and, in animals, is associated with mind. Physiologists give the term a two-fold signification. Under the first, it expresses the *act* of eliciting appropriate particles from the substances of nutrition, and applying them to their destined ends,—the formation, sustenance, renewal, and propagation of living structure:—under the second, it denotes the *state* of such particles, so formed and applied as to constitute an organ or living instrument, by the composition of its elementary principles. Hence, as an *effective process*, it imports the separation of organizable atoms or essences from the blood by means of a secreting function, and of ultimately adapting them to their determinate uses through the instrumentality of vital absorption: and, as a *constituent state*, it has reference to the circumstances of animal texture thus constructed. Organization, therefore, implies the aggregate of those qualities which distinguish the living from inanimate formations.

Vitality is the *action* of life co-efficient with organic instru-

* Extracted from an "Introductory Lecture delivered at a meeting of the members of the Warwick and Leamington Literary and Scientific Institution, Warwick, by James M. S. Kennedy, M.D. of Ashby-de-la-Zouch.

ments. Life forms a constituent element in every organized thing that executes motion : it is itself a substantial entity, an operative principle exercising positive agency, causing manifest effects from which its substantiality is deducible : it is, indeed, the source of all organic *action*, and was communicated, in the beginning, by the creative inspiration of the Almighty : its operative manifestations are perceptible ; but, as with the elemental principles of light and caloric, philosophers are utterly ignorant of its nature and essence : the divine oracles have not revealed these, and hitherto they have eluded observation as well as scientific research. That incomprehensible principle, then, which was thus imparted to the first of all animate beings, and to the first of the human kind, and made communicable through the processes of reproduction, to the latest born of every race ; that principle which gives to vegetables the power of converting the elements of inert matter into organized structures ; that principle which, in animals, by the unceasing agency of its own peculiar vehicle—*arterial blood*—transmits to every organic texture the germs of its essential and vital attributes, is LIFE : the equal tenor of the operations of life maintains health ; their derangement originates disease, by the fatal ascendancy of which, *whatever lives* is doomed to languish, to sicken, and to die.

Arterial blood is an instrument or vehicle only : it transmits or imparts, but *is not*, the principle of life : it is the diffusive source of organization, vitality, and mind : it pervades and invigorates every portion of the living machine ;

furnishes to each *new* being all the material and mental elements which the animal organization originally comprehended, and by which it is perpetually sustained. From this blood, the *nervous*, as well as all other structures, is primarily elaborated ; and this structure, in being made the organic depository and instrument of mind, has been qualified to discharge the exquisite office of manifesting the innumerable modifications of feeling, sentiment, and intelligence. Hence it is that arterial blood, as a communicative instrument, gives and upholds, and repairs the essential and vital elements of animals ; and nervous structure, as an instrument also, supplies unceasingly their active and sentient energies.

Philosophy and revelation represent man as a superlative being, in whom the qualities of a mortal nature are associated with the attributes of immortality. This preëminence of constitution is innate, and forms his distinguishing character : it results from his possession of organization and life connected, by inexplicable ties, with a transcendancy of mental endowment ; and, as it contributes essentially to the vigor and dignity of his progressive states, it exercises important influences on the circumstances of his ultimate destiny. In accordance, therefore, with the benevolence of divine wisdom and power, the Creator has furnished him with organs adapted in all respects to the complete discharge of those vital and mental functions on which the integrity and transmission of his exquisite economy depend. Nevertheless, in being exposed to sustain impressions from the

manifold and ever-varying agents which tend incessantly to change the modifications of existence throughout the universe, the human fabric carries, in each of its systems, the elements of health in conjunction with a liability to disease.

Man was *one* at the beginning ; and, from the primogenial sire, have sprung every individual, tribe, and nation, in every region of the habitable world. He was created perfect in all his endowments ; and, by this provision, was made capable of performing, intuitively and without experience, the admirable functions of life, sense and intelligence. Organization, therefore, and life and mind, arose originally a matured constructure, elaborated by the Creator's plastic hand ; and, thenceforward, have been maintained and transmitted by the vital actions of organs.

Mind is propagated by the same genial act which renews the origins of organic structure and life : it implies the coexistence and coöperation of its own, with the organic and vital attributes, and thus constitutes the characteristic distinction whereby the animal surpasses, in power and dignity, every other modification of nature. This doctrine of the elements of mind being transmitted by parents to their progeny, should evidently be regarded as a postulate merely ; and, by consequence, not capable of inductive demonstration : nevertheless, by receiving the assumption, we shall extricate ourselves from the inducements to adopt another postulate equally indemonstrable, and beset moreover with manifest absurdity,—namely, that of admitting a necessity for the continuous exercise

of Almighty power in the creation of a new mind or soul for every new being, however impure its source.

The mind's *essence* is altogether indeterminable, but its individuality is certain, and susceptible of philosophical investigation. It consists of an aggregate or system of faculties, every one of which exercises its functions through *one* of a corresponding aggregate or system of corporeal organs ; and, by this arrangement, its economy is governed by the absolute physiological law, that one organ never performs more than one distinct function. Animals, therefore, of every kind, and in all their manifold gradations, do possess mental endowment ; but, in each, the degrees of this can be perceived and appreciated only by its manifestations and the exquisiteness of the corporeal functions, by the agency of which these manifestations are exhibited.

Physicians have been accustomed, from observation of disorder in the mental *manifestations*, to regard the *mind itself* as being susceptible of change and decay, of entering indeed into all the morbid conditions which the illimitable state, INSANITY, comprehends : but, since we know not the mind's peculiar essence, the best philosophy would be, to consider such disorder as connected with different conditions of the material organs by means of which its operations are felt and made apparent : these organs certainly do admit of growth, maturity and decay ; they sustain progressive changes, and have likewise their functions altered by the influences of disease : the imputation of disease to the *rational* mind, implies its liability to death and decom-

position, and chills our whole nature by extinguishing the hope of immortality.

While, then, the mere vegetable exercises its intuitive ability to select the nutriment most proper for its own conditions ; while the irrational animal feels and desires, enjoys a brief existence, and passes into oblivion ; man not only has, in more perfect endowment, the faculties assigned to other living beings, but he stands exalted above all creatures in the possession of a moral nature, susceptible of direction by judging and reflecting powers. Faculties peculiar to himself, inspire him with a disposition to the practice of justice and charity : an innate sentiment of religion prompts him

to worship a *Supreme Being* ; and, guided by its higher energies, his intelligence discovers that He who made the earth and ocean, the starry firmament, and the everlasting sun, He is God. Its own consciousness of an inherent longing after immortality, carries his mind forward in endless progression, into periods of ever-during time : an instinctive tendency to leave this world with all its enjoyments, to spring forward into a far distant futurity, and to expatiate, even in imagination, amid the scenes of an eternity to come, gives to man the expectant assurance that he is formed for a more glorious destiny than to perish forever in the grave.

BOSTON, TUESDAY, JUNE 22, 1830.

APPEARANCES PRESENTED BY THE TONGUE.

THE various aspects of the tongue are so universally regarded as diagnostic in disease, and the inferences derived from them exert so large a share of influence on medical practice, that every observation tending to illustrate the causes of these appearances must be regarded with interest by the practitioner. Especially is it desirable to have fully explained in what degree these appearances may be attributed to peculiar pathological affections of the organ itself, or to accidental states of the various functions, independent of any serious or important disease. To these and some other important points, attention has lately been directed by M. Piorry, of Paris, who has published some observations on

them in the *Journal Hebdomadaire*. The following may be considered as a brief view of the results which he has obtained.

I. When the pulse is strong and full, the cheeks, lips, pharynx, and gums red, the tongue partakes of this color in a very considerable degree.—After large evacuations of blood and chronic diseases, the tissues universally become pale, the tongue as well as the others.—In many patients attacked with acute gastritis, enteritis, or dysentery, *without much febrile action*, the tongue is more or less pale.—In traumatic fevers and acute pneumonia without gastric symptoms, the tongue is generally of a vermilion hue, and sometimes very red. It becomes pale after bloodletting, even though the liver or stomach remain inflamed.—

The coloring of the tongue is frequently confined to the margin, the central part being covered by a coat of various consistence; if this coat be removed, the tongue will be found of a uniform redness.—It often happens that a redness of the point of the tongue is produced solely by the effort which the patient makes in protruding it; and that as soon as the muscles are relaxed, the redness disappears.

II. The drying of the lingual surface appears to have no other cause than the evaporation of the liquid which should moisten it, and which appears to be always secreted in a quantity sufficient for this purpose. Every circumstance, therefore, which causes respiration by the mouth, tends to produce dryness of the tongue. In coryzas, therefore, and catarrhal affections which obstruct the nasal passage, the lingual surface becomes dry. On the same principle, whatever increases the rapidity of the respiration, and thus accelerates the current of air through the mouth, ought to produce the effect. Thus the tongue is usually dry in pneumonia, especially when accompanied by coryza. The same is the case in pleurisy. Fever, by accelerating the circulation, and complaints of the liver, stomach and peritoneum, which interfere with the free movements of the diaphragm, have the same effect.

III. Repeated observations and experiments on saliva and mucus treated by heat, lead M. Piorry to the conclusion that the principal cause of the formation of the various coats with which the tongue and

teeth are covered in disease, is the drying, in different degrees, of the various fluids which moisten them. He thinks the color of these products may be influenced by varieties in the saliva and mucus corresponding to changes which take place in the blood itself. In diseases of the liver, all the solid tissues assume a yellowish color; some of the fluids, as the perspiration and the urine, partake of it also: it seems probable, therefore, that the saliva and mucus contain some portion of this coloring matter, which, accumulated on the tongue, imparts to it the color which it presents in these cases. It has also been repeatedly remarked, that abstinence has the effect of producing a coated tongue, and the use of food will cause the organ to return to a healthy state.

Admitting the correctness of these results, it may perhaps be doubted whether they present a complete view of the morbid affections of the lingual surface, or of the indications to be derived from them. That the mucous secretion of the lingual gland may be hardened by exposure to the air, and thus be altered in its appearance, there is no doubt; but it is equally certain that in some cases the secretion itself has a morbid character, and is entirely distinct from that produced in a healthy state of the organ. Now it is commonly supposed, and we apprehend with sufficient reason, that this diseased state of the tongue is often connected with, and indicative of, analogous states of disease in various parts, especially the digestive organs and the lungs. It is in this way alone

that any information can be derived from the tongue in chronic gastritis, and in those affections which are generally termed dyspeptic; since in these it often happens that the circulation and respiration remain unaffected, so that no exsiccation of the mucous surface can be supposed to take place.

It must also be regarded as an oversight of M. Piorry, that he has not noticed the effect of moral impressions in this susceptible organ. It was observed some years since by M. Recamier, that the tongue became red when a patient was alarmed or embarrassed; in fact, that it blushed as well as the cheeks: a circumstance which, as it might mislead the practitioner, should always be kept in mind when a female patient was the subject of examination. Whether M. Piorry's patients were less given to this expression of sensibility than usual, or whether he adopted any precaution to prevent their expressing it, does not appear; but it is singular that so important a circumstance should have been passed over in silence. "*Homo sapiens*," says Cicero, "*omnia videt*," a prudent man notices all things; and the practitioner who has a due sense of the importance and difficulty of understanding the diseases he treats, will not allow any circumstance, however minute, to escape his observation.

TUMORS.

MR. LAWRENCE, in one of his late lectures, enumerates the various modes in which the production of these morbid growths has been at-

tempted to be accounted for. By some it has been supposed that they were the consequence of a proper deposition of blood, which coagulated, and subsequently became organized by means of bloodvessels, &c., which were sent into its substance. By others again it has been said that they were produced by a deposition of coagulable lymph, which assumed a regularly organized character by a similar process. Lastly, it has been said that these productions were the result of chronic inflammation. Mr. Lawrence, however, is not satisfied with either of these explanations, and thinks that the mode in which tumors are formed is still unknown. Perhaps, however, an approach to an explanation may be made, by saying that the formative vessels of the part affected have taken on a diseased action, and in place of supplying the loss sustained by the several tissues which go to make up its substance, unite in contributing to the increase of a particular texture, which goes on increasing at the expense of the rest. If the morbid secretion is of a fleshy character, the tumor will be a sarcoma; if it consist of fat, it will constitute an adipose tumor; if of cellular substance, the tumor will be cellular. And as these various textures, in their due proportions, are constantly secreted in the healthy body, so it is not difficult to conceive that in an unsound state of the formative function in a particular part, one kind of texture should predominate in an excessive degree, and by its accumulation should constitute a large and compact mass.

Mr. L. speaks also of a species of tumor which, from its appearance,

has been called pancreatic, and which consists of masses united together by cellular membrane, resembling in figure, color and size, the masses which compose the pancreas. These tumors are generally found about the angle of the jaw; and the question is suggested by the author whether the glandular appearance which they present be owing to their vicinity to the parotid, or whether, in other words, it exists in virtue of the general character of the formative vessels of the part. These tumors have a lobulated knotty feel, and seem as if they were composed of distinct masses.—A similar tumor to those here described, was not long ago removed from a female in this city, the external aspect of which was such as to suggest a suspicion that it had its origin from the parotid gland itself. On examination, however, it did not appear to extend so deeply. Its upper portion involved the lower part of the ear, and a considerable proportion of its substance, constituting two or three distinct lobes, was entirely external to the surface of the cheek, with which it was connected much in the same manner as the ear itself. Indeed, both its position and its structure, which last was nearly cartilaginous, might with much more propriety be considered as influenced by its vicinity to this organ, than by the neighborhood of the parotid. The patient stated that she had undergone one operation for the removal of this tumor, since which it had enlarged to about its former size. It was therefore desirable to extirpate it very thoroughly, and to leave no portion of the indurated mass behind. In doing

this, it was necessary to sacrifice a portion of the ear itself, the loss of which was greatly and very naturally lamented by the patient. When removed, the whole mass weighed about four ounces. We are not aware that there have been any indications of a return of the disease.

Of the species of tumor usually denominated *ganglion*, and found about the sheaths of the tendons, Mr. Lawrence suggests that they may have their seat within the synovial membranes by which these sheaths are lined. The best treatment for these swellings is to produce a rupture of the cyst by a blow or otherwise, so that the contents may be effused into the cellular membrane. The applications of splints, recommended in a preceding article, is an easy way of accomplishing this object. When they are seated directly over a bone, their rupture can be effected without much difficulty. If, however, it is found to be impracticable, the best mode of treatment is to puncture the tumor, evacuate the contents, and then apply pressure. In large ganglia, it has been recommended to employ setons with the view of producing adhesive inflammation; but this plan is attended with danger, and is by no means judicious. In some instances related by Cloquet in his *Anatomy*, this mode of treatment was followed by fatal inflammation.

ANOTHER CASE OF STRANGULATED INTESTINE.

SINCE publishing the case of strangulated ileon related by Dr. Hurd, we have been favored by Dr. Townsend, late Surgeon to the Marine

Hospital at Chelsea, with a preparation of part of the intestines of an adult who died with a like disease at that Institution. The symptoms which immediately preceded dissolution were those of bilious colic. The patient had been subject for many years to frequent attacks of pain in the abdomen, which were always considered and treated as ordinary cases of colic; but the probable cause of these, as well as of his final sufferings, was clearly explained by the post-mortem examination.

In tracing the course of the small intestines, it was discovered that they did not as usual consist throughout of a single uninterrupted canal, but for about 3 inches the tube was double. A branch went out from the intestine and again came into it, at the distance above specified. It is probable that, in health, the feces passed through both these canals. A part of the colon was found pushed up through the space between the parts of the double intestine, and, by the twisting of these portions, the colon became strangulated.

In the annexed representation of the intestine in this case, the strangulated portion of the colon passed up through the space between the branches of the gut A a.



If now, with the colon in this situation, we suppose the extremity A to be twisted in one direction, and

the extremity a in the opposite direction, we shall have a clear idea of the mode in which the obstruction in the colon was produced. In this case, it is evident that the peculiar structure above represented must have been congenital, and the protrusion of the colon, and, more certainly, the twisting of the parts, circumstances of recent date.

It was doubtless a partial occurrence of like phenomena which occasioned the painful affection to which he had been subject.

EFFICACY OF OPIATE ENEMATA IN DELIRIUM FROM WOUNDS, &c.

DELIRIUM without fever, or cerebral alteration, is a frequent consequence of great operations, wounds, &c. It is characterized by an extraordinary loquacity, complete incoherence, and continual movements, which are not prevented by the pain that naturally accompanies the lesion under which the patient may labor. Thus those having comminuted fractures of the lower extremities have been known to tear off the bandages, and to walk on the broken limb, without testifying the least pain; and others who have been operated upon for hernia, to thrust their fingers into the wound, and amuse themselves with pulling out their bowels, just as if they were doing so on a dead body. This state of exaltation of the nervous system may lead to the most unpleasant or fatal consequences, if not combated by proper remedies. The treatment which M. Dupuytren has found most efficient, is an opiate injection. A purgative enema is first thrown up, to empty the large intestines; after which the narcotic is administered. Fifteen or twenty drops of liquid laudanum are in general sufficient. But it is very important in the use of this remedy, that it should remain three or four hours in the rectum. Under these circumstances, the moderate dose

above mentioned is sufficient; whereas much larger quantities of laudanum, if they have been speedily ejected again, have been of no service. M. Dupuytren is of opinion, not only that fifteen or twenty drops are sufficient, but that, in these cases, the medicine acts more beneficially in the form of clyster than when taken by the mouth.—*Journ. Hebd.*

Nævus Maternus cured by Vaccination.—The following case is related by Dr. Auchincloss in the Glasgow Medical Journal for May, 1829. A girl, aged eight months, was brought to the Glasgow Royal Infirmary, in September, “having a nævus on the lower part of the forehead, half an inch above the left inner canthus. It was as large as a hazelnut, and of a dark red color. It was observed at birth, and was then quite level with the surface. After a month it became elevated. Having never been vaccinated, fresh lymph was inserted by minute punctures, both around the circumference and over the whole extent of the tumor. On the eighth day many small pustules were visible, and by the twelfth they had coalesced, and become incrustated. On the twenty-first the scab separated, leaving the surface underneath tender and slightly prominent. A second crust succeeded, and to this a third and a fourth; a perfect cure being effected in about six weeks.

“I perfectly agree with those who have made trial of this practice, that it is indispensable to the ultimate success of the case that the lymph should be freely introduced over the diseased surface, as well as around its circumference. In this way, the adhesive inflammation which is excited appears to extend from one pustule to another, and in the course of a few days the whole becomes involved in one scab.”

Mortality in the Different Classes of Society.—M. Dumeril, at the

meeting of the Academy of Medicine, August 3d, made a very favorable report of a memoir of M. Benoiston, de Chateau-neuf, on this subject. The principal results obtained are, that the mortality is greater among the poor than among the rich, and the duration of life increases in mountainous countries. M. B. has observed six hundred persons in high classes of society, as sovereigns, peers of France, cardinals, ministers, &c., during a period of eight years; and during this period one hundred and forty-one have died, or nearly a fourth. Analogous observations made on poor inhabitants of the faubourg St. Marcel, give a mortality almost double.—*Arch. Gén.*

On the Action of Stramonium.—According to Dr. Amelung, the first effect produced by the internal administration of stramonium in small doses, is a remarkable dryness of the mouth and throat. The voice becomes a little hoarse; the head is afterwards more or less affected, according to the dose that has been taken; the intellectual faculties become a little obtuse; there is a lassitude and weakness of the limbs, though the patient does not experience any particular weakness; there is no disposition to sleep; nevertheless the stramonium produces agreeable dreams, like opium; in small doses, it does not affect the appetite; in larger doses, it diminishes it; the salivary and urinary secretions are augmented; by this latter effect, the stramonium approaches in properties the digitalis purpurea; this analogy becomes stronger again by the sedative action that the stramonium exercises on the sanguineous circulation. In a small dose, the stramonium augments at first, but its prolonged use diminishes the activity of the circulation; its effect is slower, but more certain, than that of the digitalis; it does not disagree with the stomach, and does not produce so prompt a loss of muscular power;

finally, its prolonged use does not produce so readily symptoms of poisoning as the digitalis. The great disposition to hemorrhages which is observed in subjects poisoned by stramonium, the very prompt putrefaction of their bodies, indicate a powerful depressing action on the vital powers, and authorize the arranging this article with the digitalis and hydrocyanic acid, in the class of those which considerably diminish the oxygenation of the blood.—*Bul. des Sc. Med.*

Oily Embrocations to the Abdomen as a Remedy for Ascites.—Dr. Zavagli, an Italian physician, in a work he has published on this subject, relates many cases of ascites which were cured by oleaginous embrocations to the abdomen, after bleeding, squills, digitalis, calomel, and drastic purgatives, had been administered without advantage.—*Ib.*

Tartar Emetic in large Doses.—We learn from La Clinique for December last, that M. Laennec, who was the first to employ tartar emetic in large doses, for the cure of articular rheumatism, abandoned this practice some time before his death, not having derived from it the advantages that he at first supposed he had.

Otorrhœa in Children.—Dr. Amelung states, in a communication in Graefe and Walther's Journal, B. XII., that he has employed with great success in this disease, espe-

cially when the discharge is fetid, an injection of a weak solution of corrosive sublimate.

Chlorine Vapor.—M. Orfila considers the inspiration of chlorine, diluted with four parts of water, a more efficacious means of obviating the poisonous effects of hydrocyanic acid, than either the ammoniacal gas or the cold affusions. By means of it, he succeeded in recovering dogs that had taken a sufficient quantity of the acid to destroy them in fifteen or eighteen minutes, provided it was employed within four or five minutes after the ingestion of the poison.

The Council of the London University have determined to grant diplomas descriptive of the proficiency of the students in the various branches of medical science.

NOTICES.

We have been obliged to defer for a week the promised publication of Mr. Lawrence's treatment of Gonorrhœa.

Our next will also contain a communication to this Journal from Dr. Joseph Clarke, of Dublin, Ireland, on the subject of the route usually selected by invalids on their way to an Italian winter.

On page 247, in our account of the Medical School of Maine, it was stated that no additional fee was charged for the use of the college library, which contains about 2600 volumes. Instead of "college," we should have written *medical* library.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JUNE 4.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
May 28.	M.	20 yrs	smallpox	June 1.	F.	14 yrs	teething
	F.	8	hip complaint		F.	27	consumption
29.	M.	4	dropsy on the brain		M.	70	old age
	F.	11 mo	lung fever	2.	M.	10 d	convulsions
30.	F.	67 yrs	dysentery		M.	62 yrs	mortification
	F.	42	consumption		M.	10 d	croup
	M.	35	do.		F.	11 yrs	dropsy
31.	F.	61	palsy	3.	M.	20	consumption
	M.	38	consumption		M.	3	croup
	M.	8 mo	scald		F.	4	infantile

Males, 11,—Females, 9. Stillborn, 2. Total, 22.

ADVERTISEMENTS.

MED. SCHOOL IN BOSTON.

THE Courses of Lectures begin annually on the third Wednesday in October, and are continued daily for three months, on the following subjects:—

Anatomy and Surgery, by JOHN C. WARREN, M.D.

Chemistry, by JOHN W. WEBSTER, M.D.

Materia Medica, by JACOB BIGELOW, M.D.

Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.

Theory and Practice of Physic, by JAMES JACKSON, M.D.

The apparatus and collections of specimens used in illustrating the demonstrative courses, are very extensive. The fees for all the courses amount to \$70. Board is obtained for about \$3 per week.

This institution now offers greater advantages for the acquirement of a thorough medical education, than it has done at any former period of its history. During the last two years the means of obtaining practical knowledge of the anatomical structure of the human body have been amply supplied to pupils, probably at a less expense than in any other of the schools in the United States. The opportunity of witnessing numerous important and capital operations in surgery, and of attending the clinical practice of one of the best regulated hospitals in this country, are gratuitously afforded to all who attend the lectures of the professors.

June 22.

7t

NEW MEDICAL WORKS.

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A Treatise on Surgical and General Anatomy. By WILLIAM E. HORNER, M.D. In 2 vols. 2d edition, revised and corrected.

The American Dispensatory; containing the Natural, Chemical, Pharmaceutical, and Modern History, of the different Substances employed in Medicine. Together with the Operations of Pharmacy, illustrated and explained according to the Principles of Modern Chemistry. To

which are added Toxicological and other Tables; the Prescription for Patent Medicines, and various Miscellaneous Preparations. Eighth edition, improved and greatly enlarged, by JOHN REDMAN COXE, M.D.

May 25.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 188 Washington Street.

EUROPEAN LEECHES.

A SMALL lot of remarkably fine Leeches, having been kept over the winter, and *never used*, are offered by retail by

R. A. NEWELL,
Druggist, Summer Street.

Leeches sent to any part of the city and applied without any extra charge. June 15. 3t

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Kappa Lambda Association of the United States.—No. 18. For April, 1830. May 18.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JUNE 29, 1830.

[No. 20.]

I.

TREATMENT OF GONORRHOEA.

MR. LAWRENCE continued :—We come next to speak of the treatment,—how to cure the clap. It would be an interesting discovery indeed, if any one could find a speedy and effectual mode of accomplishing this object ;—a medical, or other student, who feels greatly interested in the subject, would immortalize his name ; and the nymphs in the Strand would no doubt erect a statue to his memory. I believe, however, that there is no speedy mode of accomplishing a cure ; and that we are not able to diminish very much that kind of moral lesson which this suffering is calculated to convey.

The treatment of the clap may be considered as *rational* or *empirical*.

When we proceed to treat it *rationally*,—according to principle,—we regard it as an inflammatory complaint, and employ antiphlogistic treatment, suited in activity to the symptoms. In some of the bad cases that I have mentioned, it may be necessary to take blood from the arm, and from the loins or perineum, by cupping or leeches, and then to administer purgative medicines, followed by sudorifics, such as salines, with anti-

mony. The patient must be kept at rest in the recumbent position, and put on low diet ; and, in fact, subjected to a pretty rigorous antiphlogistic plan. After cleansing the bowels actively, the liq. ammoniæ acetatis, with nitre—nitre with supertartrate of potash, or these different medicines combined with antimony, in pretty considerable doses, may be administered. Mucilaginous drinks should be freely taken, to dilute the urine and render it less stimulating to the urethra, such as barleywater, linseed tea, gruel, and gum arabic water. Alkaline remedies are found capable of assisting in this object, particularly liq. potassæ, which may be given in the drinks that I have mentioned ; and perhaps the best way to relieve the scalding is to give a moderate dose, about ten drops, each time after the patient makes water. If you merely give it at distant intervals, the effect on the urine is lost ; but if you give it regularly, immediately after making water, it will have an effect on the secretion before the next time the patient wants to pass his water. If considerable pain remains about the urethra and bladder, after you have adopted pretty active means, you will find it advantageous to put the patient in the warm bath—the hip-bath—and to administer Dover's powder,

opium, or hyoscyamus, in a full dose. When the sensation about the bladder and urethra continues, and is very troublesome, you relieve it by antiphlogistic means, and by the administration of opium, in the form of an injection. In the milder cases of gonorrhœa, you adopt a gentler kind of antiphlogistic treatment: you empty the bowels, keep the patient quiet, put him on low diet, give him nitre with supertartrate of potash, and mucilaginous demulcent drinks. In a state of high inflammation of the penis, patients experience relief from the application of cold, and frequently bathing the part. Sometimes they fancy they derive more benefit from the application of warm fomentations, or poultices, or steeping the penis in warm water.

An attempt has been made to cut short the disease in the urethra by means of local applications to the inflamed membrane, in the form of injection; and, in fact, these applications make a considerable figure in treatises upon this subject. Injections are divided into some three or four classes; thus we have emollient, sedative, astringent, and stimulating injections. Various mucilaginous and narcotic substances, such as opium, have been recommended, under the idea of soothing and relieving the pain; that is, supposing them to act as emollients or sedatives. I believe we can do no good in this way by injection. So far as my knowledge goes, no benefit is derived by the individual from such injections, whether emollient, sedative, or narcotic; and we will, therefore, leave these out of the question.

As to stimulating injections, I

do not suppose that any inflamed mucous membrane can be benefited by such means, but I have not had much experience of this mode of treatment. We come next to the consideration of astringents. It has been proposed, and extensively acted upon, to inject pretty strong solutions of astringent substances into the urethra, in the early stages of the affection, with a view of stopping the discharge, and cutting short the disease. A solution of nitrate of silver has been employed for this purpose, in the proportion of ten grains to the ounce. It is said that if this be thrown into the urethra at an early period, it will stop the affection. I may observe, with respect to astringent injections generally, that you do not want to apply them farther in the urethra than what Mr. Hunter has called the specific distance; and, by pressure with the finger on the outside of the urethra, you prevent the fluid you throw in from passing farther than this. I have not myself tried this mode of injecting a strong solution of nitrate of silver, with a view to stop the disease in its origin, and therefore I can give no positive opinion about it: I can only say that it has been tried frequently in the army, and it is generally represented as effectual and safe by those who have used it. In most instances where we use injections, it is after having treated the inflammation, and more violent symptoms, by the antiphlogistic means that we have already described as adapted to this purpose. We employ astringents in a milder form, as sulphate of zinc, sulphate of copper, nitrate of silver, the oxymuriate of mercury; of

the three first, two or three grains to the ounce of distilled water,—of the latter, not more than one grain to the ounce. This should be injected three or four times in the course of the day, in the way mentioned; and in many cases the injection pretty quickly puts a stop to the increased secretion of mucus. In other instances, however, it fails to do so; and in some cases it seems to aggravate the symptoms, increasing the inflammation, and augmenting the discharge. These astringent injections have incurred the discredit of giving a disposition to stricture in the urethra. Hence many practitioners never employ them; and I fancy, generally speaking, in the treatment of gonorrhœa they are not now much employed. So much for what we should call the *rational* treatment of clap.

We now come to the *empirical* treatment; and we shall find that particular remedies exert a certain power over this complaint, although not of the kind that we should have expected to be beneficial in such cases. One of these is a remedy of recent introduction; but which, from the experience of its efficacy, is very generally employed,—I mean *Cubeb* pepper, which is also called *Java* pepper,—*Piper cubeba*. This, given in large doses at the very commencement of the complaint, will frequently bring it to an end in a few days; and in other instances, though it will not completely arrest the complaint, it will stop the violent symptoms connected with it, so that the patient has simply discharge, without pain or ardor urinæ. For this purpose you should give not less than two drachms of the

powdered pepper, three or even four times a day. The longer the complaint has existed before you use this remedy, the less likely are you to stop it by its means. The most beneficial influence is shown when it is given in the early stages; and the existence of active inflammatory symptoms is not a sufficient objection to its administration. Another remedy, more commonly employed after the antiphlogistic treatment, is *copaiva balsam*,—*balsamum copaibæ*; which is given in doses of half a drachm to a drachm three times a day, either simply by dropping it on moist sugar, or taking it in a little water, like castor oil; or administered in some mucilaginous vehicle, or in mixture, in which it is combined with liq. potassæ. After the employment of general antiphlogistic means, the *copaiva* has a marked effect in bringing the inflammation to a close. *Copaiva*, and the various astringent injections, are the means most commonly employed in the protracted form of the affection called gleet.

I have mentioned to you that the inflammation of the mucous membrane of the urethra runs through a certain course, and comes to a natural end, without entailing future ill consequences on the patient. There are, however, some instances in which we have reason to suppose that secondary symptoms have followed gonorrhœa; but these instances are so few, that many individuals have never seen any case of the kind, and hardly believe the possibility of their existence. Those, however, who have had most extensive experience in the treatment of this complaint, recognise the possibility of secondary symp-

toms from gonorrhœa. This is the case with Mr. Carmichael. He says it is sometimes followed by papular eruption, superficial ulceration of the tonsil, and pains of the joints and limbs; but that the symptoms, under such circumstances, do not require the employment of mercury for their cure, the ordinary antiphlogistic treatment accomplishing all that is necessary.

There are some other circumstances occasionally attendant on gonorrhœa which require to be mentioned. The inflammation of the urethra may cause inflammation of the glands in the groin; that is, it may cause bubo: but if you adopt the antiphlogistic measures which the local complaint requires, and keep the patient at rest, you will not be much troubled by this symptom; at all events, its treatment is to be conducted upon ordinary principles.

The inflammation of the prepuce, if it go to a considerable extent, will cause *phimosis*; that is, a contraction of the lining of the prepuce forming the orifice; so that the part cannot be drawn over the glans. You must here employ local means to reduce the inflammation; and you will not find that phimosis is a serious symptom in cases of simple clap. It is necessary, in order to lessen the inflammation under such circumstances, not merely to adopt those local antiphlogistic means which are obviously required, but carefully to syringe under the prepuce, to prevent the accumulation of gonorrhœal discharge, and to keep the parts clean. The discharge, if allowed to remain, irritates the delicate covering of the glans and the lining of the prepuce, aug-

menting the inflammation of those parts, and sometimes leading to serious ulceration as the consequence. Hence it is necessary that ablution of the parts should be carefully put in force by means of syringing.

Sometimes the opposite state,—that of *paraphimosis*,—may arise in gonorrhœa, or when sores exist on the parts in syphilis; that is, supposing the orifice of the prepuce to have become contracted by inflammation, and the patient has drawn back the foreskin for any purpose, the contracted orifice of the prepuce, now situated behind the glans, occasions it to swell, and soon the parts get into such a state as prevents the prepuce from being drawn forward again. That is the condition of paraphimosis. If the part remains in this state for some time, considerable swelling and inflammation of the glans will take place; the pressure of the contracted orifice of the prepuce becomes more considerable; it produces a deep fissure behind the corona glandis, as if the penis were tied by a tight string. When you see a case of this kind within three or four days of the occurrence of paraphimosis, you seldom fail in restoring the glans to its natural situation. In the first place, you may get a basin of cold water, and let the patient, with a sponge or a piece of lint, bathe the part so as to cool it as much as possible. Then you press gently upon the swollen glans with the thumb or thumb and finger of one hand, while you gradually draw over it the contracted orifice of the prepuce with the thumb and finger of the other hand. If you proceed slowly, squeezing out the blood

from the glans as well as you can, so as to reduce its size, then managing to push it gradually into the opening of the orifice, at the same time that you draw the prepuce gently forward, you will usually succeed in replacing the parts, and thus relieve the patient from a state which to him is one of considerable alarm and apprehension, besides being very painful. But when the prepuce has been left in this unnatural position for some time, considerable inflammation takes place, effusion occurs, and, in fact, the prepuce and skin of the penis become fixed and agglutinated in their new situation. Under such circumstances, you find it necessary to cut through the strictural part; for you find that the stricture, although perhaps it may not produce active inflammation of the glans, yet alters very much the figure of the penis. If you make a little incision in the swollen part, immediately behind the deep fissure of the prepuce, you will be able to introduce the director, and, with a sharp-pointed bistoury, to cut it through, and thus allow the prepuce to resume its natural place.

The irritation of gonorrhœal discharge very frequently produces warts, either on the glans or on the prepuce; and still more frequently produces great abundance of them on the external organs of generation in the female. The genitals of the female are so situated, and circumstanced, as to lead to a considerable moistening of them by gonorrhœal or other discharge occurring in these parts. The discharge continues to irritate the parts, and thus you have an immense growth of warts frequently occurring about the

orifice of the vagina, the nymphæ, perineum, and neighborhood of the anus. Sometimes we find the anus so covered as not to be able to feel the orifice of the intestine, while the perineum and external organs are so beset with them that you would not recognise the parts. You see large, irregular, warty masses, not much less than the hand, proceeding from the parts, and arising merely from the irritation of the cutaneous texture, excited by the gonorrhœal discharge.

When the warts are of moderate size, you may treat them either by irritating substances or escharotics. In the first place, you adopt all the means you can to remove the cause that produces them,—that is, to put a stop to the discharge,—to put a stop to the state of inflammation and excoriation of the surface on which the production of the warts depends. When you have done this, you may rub the warts, if they are of moderate size, with lunar caustic, or sprinkle them over with an irritating powder. For this purpose you may use the pulvis sabinæ, or acetate of copper. When they are large, however, they do not yield to these remedies, and you must then remove them with a knife, or scissors, and in a few days rub the surface with lunar caustic, so as to prevent their recurrence. Some persons have recommended strong acids; and Mr. Carnichael speaks very favorably of the acetic acid, which acts, as any other strong acid would do, as an escharotic, in destroying the vitality of the parts.

In the course of gonorrhœa, it is not uncommon to have the discharge suddenly stop, and inflam-

mation and swelling, with great pain of one of the testicles, come on. The occurrence of this particular kind of inflammation of the testicle has been called *hernia humoralis*. It is, in fact, active inflammation of the gland—inflammation of the testicle. The part swells, becomes very painful, and, if the inflammation is considerable, the scrotum which covers it is of a bright red color. When the inflammation is very considerable, it extends to the loose cellular texture of the scrotum, so that the integuments become in a degree fixed to the surface of the inflamed part. Severe pain is felt, more particularly when the patient is in the upright posture, or uses any exertion. The discharge from the urethra generally stops entirely.

You must treat this inflammation by ordinary antiphlogistic means;—free bleeding of the part by the application of leeches, warm fomentations, and poultices; the recumbent position, and clearing the bowels. Sometimes you apply leeches pretty freely and repeatedly, and yet you do not succeed in putting a stop to the inflammation: the part remains much swelled and very painful. Under such circumstances, you derive great advantage from the free employment of tartar emetic, so as to produce vomiting. You give half an ounce of liq. antimonii tartarizati, which contains one grain of tartarized antimony, and repeat the dose every four hours, by which you keep up nausea and vomiting. Under such circumstances, you frequently afford the patient relief in this way. Indeed, this treatment alone is frequently had recourse to, to remove inflammation

of the testicle, constituting *hernia humoralis*; and I have seen particular instances where great pain and inflammation have continued after the application of leeches, and where the employment of the emetic tartar, in the way just mentioned, has put a stop to those unpleasant symptoms very speedily. It is necessary for the patient to remain in the recumbent posture until the swelling has completely abated; at all events, if a patient who has been confined on account of *hernia humoralis* gets up too soon, and, trusting to a diminution, with seeming relief of the symptoms, attempts to go about his ordinary occupations, he commonly brings on a relapse; so that great caution is necessary on this point.

There are other and more serious circumstances arising from gonorrhœa;—in particular constitutions, for example, when it takes place in individuals of rheumatic disposition. These persons are liable to the occurrence of severe inflammations of the eye, attacking the mucous membrane of the part, sometimes involving the sclerotica, sometimes even extending to the iris, that is, to the fibrous texture of the organ. Sometimes one of these forms, and sometimes another, occurs; the pain in the urethra being diminished in intensity, though the discharge goes on more or less. These affections of the eye I shall have occasion to speak of, when I come to consider that part of the subject, and to treat especially of diseases of the eye. In the same individuals in whom there is such affection of the eye in consequence of gonorrhœa, it will almost invariably happen that rheumatism of the joints takes

place, very commonly of the knee, feet, and ankles, and even of other joints,—affections which so clearly resemble rheumatism, that it is not unaptly denominated *gonorrhœal rheumatism*. Inflammation of the synovial membranes, and enlargement of the joints (the consequence of increased secretion of the membrane) is the character it assumes when it appears in such parts as the knee. When it attacks the feet, you find a kind of œdematous tumefaction, which in common life is designated rheumatic gout. This affection will extend from one joint to another; one joint will get better, and others become affected. In fact, in the particular symptom of the extension and shifting of the disease from one joint to another, as well as in the general circumstances of the affection, it possesses nearly all the characters that belong to rheumatism. Such affections of the joints may take place in conjunction with the diseases of the eye, or in alternation with, or in succession to them.

In the *treatment*, you are to bear in mind the peculiar condition of the constitution from which this collection of symptoms derives its origin. You are not to be contented, under such circumstances, with the mere local means which the state of the joints may require; you must always keep in mind the general state of the constitution. In the first instance, it may be necessary to take blood from the arm; it will be proper to evacuate the alimentary canal freely: for which purpose a combination of calomel, antimony, and colocynth, answers well. After using these means, I think you abridge the duration of the disease, lessen the intensity

of the symptoms, and prevent those changes of structure which would subsequently impair the motion of the joints, by the exhibition of mercury: nor would it do any harm if, in the course of the treatment, some affection of the mouth were produced by it. Colchicum is another remedy occasionally employed with advantage under these circumstances. So far as *local* treatment is concerned, you find abstraction of blood by cupping and leeches, and fomentations, the most advantageous; but these local means will not answer the purpose without the more general measures that I have just pointed out. These affections are very tedious. Complaints in parts like the joints, which arise from constitutional causes, must naturally be so, as you cannot speedily alter the state of the system on which they depend. Hence, in the chronic state of the disease, persons are inclined to attempt to expedite the cure by blistering. I think blistering will not do good when there is anything like active inflammation remaining. When patients have had these complaints for a length of time, we frequently find benefit produced by removal to the seaside, and employing a course of seabathing; but, after all, this healthy state, when it is produced, is not so much from the means just mentioned, as from the complaint ultimately wearing itself out.

II.

AN ILLUSTRATION OF A FATAL SPECIES
OF SCARLATINA, LATELY PREVA-
LENT AT PLYMOUTH, ENGLAND.*

By EDWARD BLACKMORE, M.D., Phy-
sician to the Public Dispensary.

THE subject of the present communication is an impressive instance of the diversity remarkable in the constitution of particular diseases at various periods, and of the multiform sources of danger involved in them. The scarlet fever has not hitherto prevailed extensively among the general population, but has very much confined its attacks to the better classes; in whom, likewise, the most extreme mortality has taken place. Of seven cases which have come under the personal observation of the writer, one only was fatal; whereas, in the family of a surgeon-apothecary of this place, four who were attacked all perished, and in another family two died.

The absence of dangerous symptoms in this epidemic; its insidious progress, its rapid, and unexpected fatal termination, with the obscurity which has confessedly overhung the causes of its high mortality, and the discrepancy of medical opinion here on the best method of obviating its ravages, concur to render the subsequent case not undeserving of consideration.

A. May, a fine girl, nearly three years of age, complained, on the 25th of March, of pain in the head, with retching, costiveness, and high fever, which was supposed by the mother to be the scarlet fever. Three days hereafter the disease is said to have

“turned;” no sensible pain or difficulty in swallowing was remarked up to the fifth day, but the head complaint continued, with some delirium, on this day. Costiveness, and perfect inappetency for food. Some purgative medicine alone had been used. On the sixth day, the case was first seen by a surgeon-apothecary, by whose directions a purgative was given, and a blister applied around the throat, which was remarked to be slightly ulcerated; no alarming symptom, however, presented itself. I saw her on the eighth day of the malady: slight fever then subsisted; the face was tumid, and of a purplish hue; some ichorous mucus flowed from the nostrils. Two ulcers were seen behind the tonsils, which were coated with viscid purulent mucus, devoid of bad fœtor, and of innocuous aspect. She was disposed to slight stupor, but perfectly sensible, and struggled in the nurse’s arms on being disturbed. Nothing appeared to forbid a hopeful prognosis. When seen again two days afterwards, she was in the act of dying. Stupor had come on shortly after my previous visit; the respiration became obstructed; dark concrete sanious mucus filled the nostrils, and much fœtor was exhaled from the throat. Her whole aspect was that of one dying with oppressed brain and lungs.

Dissection, forty hours after death.

The abdomen and legs were very livid, with petechiæ; no tumidity; much gummy ichor in the nostrils. In the chest no pleuritic adhesions; no serum. The lungs were very much engorged and dense with black fluid blood, particularly the left lung,

* From the London Med. Gazette.

but no extravasation of blood; no mucus in the air cells. The mucous membrane of the large bronchiæ stained by the congested blood; no vestige of confined inflammation. The right side of the heart was distended with a large mass of fibrin. Some fluid black blood remained in the left auricle and ventricle. The liver was large and healthy; the gall-bladder full of green bile. The spleen, intestines, and stomach, were natural, except that a tint of vascularity appeared on the cardiac portion of the mucous coat of the latter organ. The brain was engorged with black blood, and its ventricles held 3 iss. of bloody serum: its substance was dense. In the palate, deep behind the tonsils, on the verge of the posterior nares, were seated two large ulcers, covered with very fetid matter, like soft rotten cheese, but with no positive vestige of gangrene. The larynx and trachea were healthy. Marvellous as it may appear, the present is the only instance, in so far as the writer can learn, where an anatomical inspection has taken place.

With regard to the mode of death, and its immediate causes, it may be observed that a rapid transition from a state of innocuous disorder to one of imminent danger (which has characterised all the fatal cases within the writer's knowledge), seldom or never happens in the mode of direct debility, but is to be referred, on the soundest physiological principles, to the oppression of some vital organ. That such was the occasion of the fatal issue in the present case, is determined by the history and the dissection. The remote causes of the coma,

and the suffocation, were, I presume, 1st, the high eruption in fever, and next the fetid caseous pus which exuded from the ulcers in the throat, and obstructed the tonsils. Not that I conceive the local disease to have been a merely mechanical impediment to respiration; the morbid secretions may have had a poisonous influence on the pulmonic nerves, and thus have suspended the vital action in the lungs. As all the fatal cases exhibited similar phenomena with the present, except that in a few there was less of febrile excitement and earlier stupor, analogous to the congestive typhus, it may be concluded that in all the immediate causes of death were the same.

If this exposition of the pathology of the recent malady be correct, the most successful mode of treatment cannot be obscure, i. e., decisive antifebrile remedies in the outset, and towards the end severe counter-irritation on the skin, with emetics. The capsicum gargle has been deemed by some to be of specific virtue, but in the writer's experience, the deep corroding ulceration in the throat has been always attended by strong febrile action, and been checked by general evacuants. Moreover, the unquestionable oppression of internal organs, by sanguineous congestion, most certainly contraindicates the use of excitants, such as were specific in the malignant ulcerous sore throat of former times.

III.

ROUTE SELECTED BY INVALIDS ON
THEIR WAY TO ITALY.

*To the Editor of the Boston Medical
and Surgical Journal.*

Dublin, Ireland, May 6, 1830.

SIR,—Having been actively employed in professional pursuits for more than forty years, I was induced, last autumn, to accompany a dear friend to pass the ensuing winter at Nice, in the north of Italy.

That Nice is comparatively a warm, very dry, and well sheltered spot, cannot be denied ;—of course, it has great charms for chilly invalids, more especially for those whose health suffers from a moist or humid atmosphere.

Since the publication of the celebrated Dr. Smollet's letters on France and Italy, Nice has been much resorted to by the inhabitants of the British Isles, and latterly a good deal by invalids from the United States. Should the following brief notices appear to you of any importance, be pleased to give them an early insertion in your Journal.

The ordinary route from England to Nice is by Calais, Paris, Auxerre and Lyons. Experience has taught me that this is a long, tedious, and fatiguing journey, even to those in ordinary health. I do therefore beseech my professional brethren to consider well before they advise any patient, greatly reduced in strength, or laboring under hectic fever, to undertake such a journey.

The distance from Calais to Nice is one hundred and sixty-three French posts, which, multiplied by five (their medium length) gives eight hundred and fifteen English miles. Without

pretending to great precision, I would say that more than one half of this road is rough, very much cut into ruts by narrow cart wheels, and very jolting even to those who possess the easiest English carriages. Good inns are often distant from each other six, eight, and ten posts. Where the roads happen to be rough, ten posts constitute a ruinous day's journey to those much reduced in strength.

At Lyons, I was requested to visit an American lady who was struggling to make her way to Nice. She was in manners and appearance a most interesting person. Her husband, acute and intelligent, gave me the following account of her :—In about five weeks after confinement of her sixth child, her chest being delicate, she sailed for Liverpool. The passage was rough and distressing to her. In travelling from Liverpool to Dover, her health amended every day ; she put on flesh, and appeared to him much better. In proportion as she travelled in France, she daily became weaker, complained sadly of the roughness of the roads, and came into Lyons feeling as if she had not strength to support her through the night. Her cough had left her, but the abdomen began to fill with water. On my return through Lyons in March, I learned with regret that she died there about a week or ten days after my departure.

The unmarried daughter of a respectable widow from the South of Scotland also died at Lyons, on her way to Nice. These two cases in one autumn, and there may have been others unknown to me, have excited very serious reflections in my own mind.

Is Nice to be abandoned by invalids because of bad French roads and distant inns? By no means. Let the ordinary route be abandoned. The road between Lyons and Aix has more roulage of carts than any in France, and of course is not likely ever to be good.—In March I visited two delicate females at Nice, most anxious to make their way back to England before summer. They despaired of being able to return as they came; their hope rested almost entirely on trying the route by Bourdeaux, as soon as Irish steam packets began to ply. Having inquired much, I believe the roads from Avignon to Bourdeaux are amongst the best in France. The distance from Nice is not quite six hundred miles, and some portion of it may be effected by water carriage, if necessary. Had my American friend sailed for Bourdeaux instead of Liverpool, she would have been spared an immensity of

pain and distress. Had the political state of Madeira allowed her to stop there, she would have had no land journey to encounter, and, by the satisfactory statements of my respected friend Dr. James Clark, of London, she would have enjoyed the finest climate known to us. By sailing from America to Marseilles, Nice would be of very easy access to the most debilitated invalids. The distance is but twenty-five posts, and the greater part of the road is very good. These are considerations which appear to me well worthy the attention of the medical profession in the United States.

I have been long and seriously impressed with an opinion, that, where a physician cannot add to the comforts of his suffering patients, he is not justified in *lessening* them, without a moral certainty of a favorable result.

Yours, &c.

JOSEPH CLARKE, M.D.

BOSTON, TUESDAY, JUNE 29, 1830.

EFFECTS OF TOBACCO ON THE SYSTEM.

WE observe that a writer in one of the late Journals has described at some length the effects exerted by this substance on persons employed in its various preparations. Although the facts stated do not materially differ from those which have already been advanced, they yet derive some interest from the circumstance that so little attention has lately been given to the immediate and remote influence of an article which is snuffed, smoked and chewed, by so nu-

merous and respectable a portion of every civilized society. We propose to take a cursory view of the existing testimony on these points, availing ourselves, so far as it may serve for this purpose, of the information contained in the paper above referred to.

The most usual effect of tobacco, when employed in a moderate quantity, is that of a simple and direct sedative to the nervous system. The mode of using it in which this effect is attained most directly, and with the smallest admixture of other influence, is probably that of smoking, whether

with or without the medium of a pipe. It acts by diminishing the nervous sensibility, and diffusing a calm and quiet over the system, somewhat, though not entirely, resembling the first effects from the drinking of spirituous liquor, before the more active symptoms of the potation have appeared. The individual under this influence is not only less affected by circumstances immediately present, but has also a less vivid recollection of past events. In this way it is found to banish unpleasant images, and chase away anxiety and care. This effect lasts for some time, somewhat longer than while the article is used, and is not usually succeeded by any perceptible reaction or opposite state of body or of mind.

The effects just described, and for which probably the article is principally sought, are common to every form in which it is employed;—others are less general, and their occurrence depends principally on the nature of the organ to which its influence is primarily directed. Among these may be mentioned the slight irritation of the mucous membrane of the nose, which is occasioned by the use of snuff, and which no doubt constitutes one of its attractions; and that of the salivary glands, which is the common effect of smoking, and of mastication. In the inexperienced smoker, the operation is always followed by nausea and vomiting; but these symptoms usually disappear on a second or third trial. The uniform effect of the use of tobacco is to diminish appetite; and of this quality the native Brazilians are said by

Léry to have availed themselves, to blunt the keen sense of hunger when deprived of food. Whether this happens in virtue of its sedative influence generally, or by some peculiar action in the digestive system, is not settled; but it has been suggested, and very plausibly, that this effect is due to the increased action of saliva, which, passing into the stomach, serves to distend this organ, and to lessen the feeling of entire inanition. Whatever the cause may be, the fact has been matter of repeated observation.

That the agreeable effects attributed to the use of tobacco have a real existence, we need no better proof than its indiscriminate adoption by all classes, in every country where it has once been introduced. It was calculated, in 1820, that the annual consumption of tobacco, in France alone, was forty millions of pounds, which, supposing the whole number of consumers to have been six millions, would be seven pounds for the average of each individual. The greatest part of this amount is probably consumed in the form of snuff, to the use of which this nation is peculiarly addicted. The annual quantity used in Great Britain was stated, at the same period, to be fourteen millions of pounds.

As a medicinal article, the reputation of tobacco, like that of most other constituents of the *materia medica*, has varied considerably at different periods. Besides its virtue of diminishing hunger, as above mentioned, it has been smoked with some advantage in asthma, and, used in the same manner, acts as a preser-

vative against infection. Its use in certain extreme cases, as a relaxant of the muscular system, and its emetic and cathartic energies, are sufficiently familiar.

With regard to the ill effects produced by the habitual use of tobacco, there has been no want of testimony from the earliest periods of its introduction into use. In fact, in proportion to the avidity with which it was received, and the applause heaped upon it by its friends, were the efforts of its enemies to bring it into discredit. Borrichius, a learned Danish author who wrote in the 17th century, asserts that it has repeatedly proved fatal, and that in one who died in consequence of the excessive use of it, there was found, on examination, to be no brain within the cranium, but only a clot of black blood in place thereof. A more probable account is given, about the same period, of a soldier who took three ounces of snuff daily, and who had vertigo and fatal apoplexy at the age of 32. It was even the custom, in former times, to write and defend theses against it in the various colleges. A story is told of one Fagan, a scholar at the university of Paris, who was prevented by illness from defending a thesis on this subject, and was obliged to employ a friend in his place. The substitute chosen, unfortunately, happened to be an inveterate snufftaker, and the box being produced many times in the course of his argument, furnished a most excellent commentary to the texts he declaimed.

Without going back to a distant period, however, there are sufficient

facts within the reach of every one to show that the effect of tobacco on the system is far from salutary. The workmen engaged in the preparation of snuff from the leaf, are yellow and unhealthy in appearance, and are found to suffer much from colic and diarrhœa, from headach, vertigo, and trembling of the limbs, and from asthmatic affections of the chest. A decoction of tobacco employed externally for itch, has been found, after a certain time, to occasion vomiting and profuse diabetes. Many particular instances of its violent effects may be gathered from the various sources of medical information. There can be no doubt, therefore, that the continued use of this article, even to a moderate extent, must tend to impair the digestive system, and enfeeble the powers of the stomach. We may add to this general danger, the particular inconveniences arising from the several forms in which the article is used. The most disgusting of these, without doubt, is the chewing; its effects on the teeth, gums, and tongue, are too obvious to be mistaken; and the necessity of spitting, which it generally induces, is as troublesome as unseemly. The pipe and the cigar taint the breath, and are inducements to indulgence in vinous potations; while snuff, besides the odious defluxion which it creates, inflames the Schneiderian membrane, clogs the nasal passages, and impairs, or may even ruin, the voice. To the wise and reflective there is this argument above all, that the article in every form is a needless luxury, yielding no possible good, and, from being

indifferent or disgusting, becoming, from the habitual use of it, as necessary as the dram to the tippler. As every artificial want requires a certain complication of means for its gratification, every habit of this kind, when formed, is a source of dependence—a real abridgment of liberty. —A gentleman, while rambling through a forest in France, was startled at seeing a man extended on the ground, and apparently in the agonies of death. He kindly inquired what brought him to this state. “Alas! Sir,” answered the man, “I left home this morning without my snuff-box; and, on missing it, instead of returning, I attempted to proceed: my strength, however, soon failed me, and, unless you can furnish me from your box, I must shortly expire.” Thus saying, he sank on the ground, from which he had raised himself to make this affecting appeal. The gentleman had no snuff about him; but, having seen a woodcutter at no great distance, he returned to the place and procured a box, with which he hastened to give relief to the exhausted stranger. This story is related on the best possible authority, and, in all its essential particulars, is unquestionably true.

After all, perhaps the best reason for indulgences of this kind is, that they furnish enjoyment when other sources of satisfaction are cut off. If any may claim them as a privilege, it is the aged, the unfortunate, the solitary. To these let it be conceded to fly to the intoxication of tobacco, as less degrading, certainly, if not less repulsive, than that of gin or of whiskey. But there is

no good reason why those whose faculties are still vigorous, should permit them, even for any portion of their waking hours, to be stupified or dormant; why those who owe to society their greatest pleasures, should repay the debt by indulging in a habit which may render them repulsive even to their most valued friends; or why those who still enjoy the blessings of youth and health, should incur, by any voluntary act, the miseries of disease, or the curse of a premature and unhonored old age.

VIS MEDICATRIX NATURÆ.

WE are presented, in a late number of the *Midland Medical Reporter*, with two cases, the circumstances of which illustrate, in a remarkable manner, the kind of defence which the system sets up to counteract a morbid process which threatens its dissolution. In both cases there existed stricture of the rectum; in one at the upper part, just at the termination of the sigmoid flexure of the colon, and in the other just under the promontory of the sacrum: in both very great constipation had continued for a considerable period before death; and, in both it was observed, on making the examination, that the colon was filled with large quantities of feces in a state almost fluid. For the accumulation it was not difficult to account; but the soft state in which the intestinal contents were found, could only be explained by supposing that the usual action of the absorbents was suspended, in order that these contents might remain of a proper consistence to be squeezed through the small

aperture which they were obliged to pass. That this inactivity of the absorbents was not common to the whole tract of large intestine, was proved by the fact that the feces expelled during life, and which might be supposed to have remained a certain time in the rectum, were as hard as they are found to be in ordinary cases of constipation from a different cause. Should it be found that this state of things occurs universally in similar cases, it may well be regarded as a most singular and most salutary provision.

EXCISION OF PART OF THE BRAIN.

It may perhaps be recorded among one of the most singular instances of escape from death, that a lad ten or twelve years old, by the name of Gage, living within three miles of Hamilton, was kicked by a horse about three months ago, in a manner which precluded any reasonable hope of his recovery. The toe cork of the horse-shoe struck the boy a little above the forehead, and cleaved off a piece of the skullbone to the full size of a silver dollar. The brains immediately issued from this wound, and settled on the surface of the head, to the bigness of, and resembling in shape, a large watch. These brains were taken off, and are now preserved in a bottle, for the satisfaction of the incredulous. The boy, after the lapse of two hours from the accident, recovered his natural senses, and is now in as perfect a state of mind as if the thing had never oc-

curred. The leading facts of this singular accident we have from Dr. Case, Jr. who was the attendant surgeon and physician, and who has the patient still in charge.—*Gore Bal.*

Lunatic Hospital Site.—The Worcester *Ægis* states that the Governor (to whom was referred the selection of a site) has selected a beautiful swell of land opposite the centre of that village on the south-east, commanding a delightful prospect of the village and adjacent country. Twelve acres of this lot have been conveyed by its late proprietor, Capt. Samuel B. Thomas, to the State, for the sum of \$2500, the amount voted to be raised and paid by the town of Worcester, in case the Hospital should be located there. The lot determined upon combines probably more advantages than any other that has been offered to the State.

Accident.—Dr. Dayers, of the U. S. Navy, had his arm broken and was badly wounded in the head, on Friday last, at the Norfolk House, Roxbury. He was getting into his chaise, or had just seated himself, in the yard of the House, when a rock, not far distant, was blown, the explosion of which frightened his horse, who ran, and the chaise, striking the curb stone, was overturned, and the Doctor thrown out.—He is expected to recover.

Mr. Madeira, a medical student at Chambersburg, Penn., has invented what he calls Bullet Forceps, which are highly commended in the American Journal of the Med. Sciences.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JUNE 10.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
June 4.	M.	4 mo	inflammation on the lungs	8.	F.	16 yrs	drowned
5.	F.	57 yrs	palsy		F.	10 mo	dropsy on the brain
	M.	55	dropsy		M.	26 yrs	drowned (May 26)
6.	F.	33	debility		M.	17	consumption
	F.	85	old age	10.		24 h	
7.	M.	16	inflammation in the bowels		M.	9 mo	hooping cough
	M.	65	palsy				

Males, 7,—Females, 5. Total, 13.

ADVERTISEMENTS.

MED. SCHOOL IN BOSTON.

THE Courses of Lectures begin annually on the third Wednesday in October, and are continued daily for three months, on the following subjects:—

Anatomy and Surgery, by JOHN C. WARREN, M.D.

Chemistry, by JOHN W. WEBSTER, M.D.

Materia Medica, by JACOB BIGELOW, M.D.

Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.

Theory and Practice of Physic, by JAMES JACKSON, M.D.

The apparatus and collections of specimens used in illustrating the demonstrative courses, are very extensive. The fees for all the courses amount to \$70. Board is obtained for about \$3 per week.

This institution now offers greater advantages for the acquirement of a thorough medical education, than it has done at any former period of its history. During the last two years the means of obtaining practical knowledge of the anatomical structure of the human body have been amply supplied to pupils, probably at a less expense than in any other of the schools in the United States. The opportunity of witnessing numerous important and capital operations in surgery, and of attending the clinical practice of one of the best regulated hospitals in this country, are gratuitously afforded to all who attend the lectures of the professors.

June 22.

7t

NEW MEDICAL WORKS.

JUST published, and for sale, by CARTER & HENDEE,—

A Treatise upon the Semeiology of the Eye, for the Use of Physicians; and of the Countenance, for Criminal Jurisprudence. By J. F. DANIEL LOBSTEIN, M.D.

A Treatise on Surgical and General Anatomy. By WILLIAM E. HORNER, M.D. In 2 vols. 2d edition, revised and corrected.

The American Dispensatory; containing the Natural, Chemical, Pharmaceutical, and Modern History, of the different Substances employed in Medicine. Together with the Operations of Pharmacy, illustrated and explained according to the Principles of Modern Chemistry. To

which are added Toxicological and other Tables; the Prescription for Patent Medicines, and various Miscellaneous Preparations. Eighth edition, improved and greatly enlarged, by JOHN REDMAN COXE, M.D.

May 25.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 188 Washington Street.

EUROPEAN LEECHES.

A SMALL lot of remarkably fine Leeches, having been kept over the winter, and *never used*, are offered by retail by

R. A. NEWELL,
Druggist, Summer Street.

Leeches sent to any part of the city and applied without any extra charge.

June 15.

3t

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Kappa Lambda Association of the United States.—No. 18. For April, 1830. May 18.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JULY 6, 1830.

[No. 21.]

I.

MEDICAL THEORY AND MEDICAL EXPERIENCE.*

THERE are who profess to discard theories altogether, to found their opinions exclusively upon facts, and to defend themselves from all assaults by a constant appeal to their own experience. The respected practitioner, high in the confidence of his profession and of the public, frequently disclaims all reliance upon doctrines of any description, and avers that he is guided by a simple appeal to the occurrences which pass before his eyes; or challenges, in other words, the character of a pure empiric. Such a man has frequently become disgusted with the theories of his youth, and by a process very common and natural, is apt to infer that there exists no better, and that he should reject them all. We might commence our reply to him by denying that he is free, as he supposes, from the stigma of theorizing. The veriest quack that ever existed, if involved in explanations and controversy, will let fall evidences of his having formed and acted upon theories, frequently the wildest and most absurd, but still entitled to the

name. One entertains the conviction that his lancet extracts "the bad blood," and his leeches "the bruised blood;" another, that his steam-bath and diaphoretics are to bring the disease out through the skin; and a third, that the disease, like a poison, is to be cured by an antidote, to ensure the presence of which he combines a variety of articles, as the sea captain mixed up a dose from all the drugs in his medicine chest, in order that, like a load of grape shot, if one of them missed the mark, another might hit it. A disease is continually presented to the fancy of even the educated physician, as an independent existence which haunts the animal economy: it is capable, according to such, of being driven from place to place, and possesses a life of its own, fed by morbid causes, and destroyed by properly directed remedies. We are so much in the habit of personifying diseases in our readings and discourses, that we are apt to erect them into a kind of evil spirits, which are to be exorcised from their malicious sojourning by a sufficient quantity of powerful drugs. To divert the mind from these habits of thinking, to the consideration of the "state of the system" in health, and the nature and extent of the deviations from that condition, which it is suffering in any given case, was the object

* From an Oration on Certainty in Medicine, delivered before the Philadelphia Medical Society, February 10, 1830. By Benjamin H. Coates, M.D.

of the exertions of our Rush, when he declaimed against methodical nosology ; and is now that of the French reformer, who has qualified the system he attacks by the appellation of ontology. The error they thus combat is truly a theory, and one worthy of the darkest ages of the magic and the cabala. Another error into which Rush himself fell, and which pervades a large mass of our medical countrymen, is the idea that the aortic system of blood vessels is an exact measure of the condition of "the system" generally ; that the pulse is a true "*nosometer*" to the human frame, and that the augmentations and diminutions of excitement affecting health, must have this as the proper sphere of their operations. Many of his pupils, and sometimes the respected leader himself, evidently imagine, if we may judge from their language, that the system generally and that of the bloodvessels are identical, and that observations made on the one are true of the other. These views may be traced as the origin of no small share of the perishable part of Dr. Rush's opinions.

All these are theories ; theories, too, which have the greatest possible bearing upon daily and habitual modes of practice. We pause here, in the midst of a train of examples, which might easily be adduced to swell the list of systematic opinions, often entirely hypothetical, entertained and acted upon by those who conceive that they are abandoning theory altogether. If thus mistaken in the doctrinal grounds they really assume, how do they draw correct inferences from facts, or even observe them with precision ? This shall be our next subject of inquiry.

It is a remark a thousand times

repeated, and the truth of which is acknowledged by every one, that experience is the proper test of all medical questions ; and hence the high confidence reposed in those who are understood to possess that desideratum, and the peculiar weight conceded to their opinions. In all discussions relative to the correctness of medical doctrines or medical practice, the appeal to experience is considered final ; and, in the mouth of the highly respected, is often found to repress the freedom of discussion. The proposition stated is undoubtedly true ; but we apprehend we should be led to somewhat different applications of the rule, were we to inquire carefully and analytically what experience really is. What is sometimes styled such is often extremely vague and fallacious. Experience is by no means in a simple proportion to the number of patients actually seen by a physician, but depends also upon various other requisites. It is not only necessary that we should enjoy the opportunity of observing ; we must also possess the time and power to do so. The hasty running from one to another of a large mass of sufferers, does not of itself qualify a man so well for the future exercise of judgment, as the inspection of a smaller number, when more time and pains are employed upon them. It is not an uncommon occurrence to meet with practitioners who, when they hear of cases and observations published as new, allege that to themselves these are familiar, similar events having taken place, perhaps repeatedly, in their practice ; but who, nevertheless, have neglected to make these known by publication or otherwise, have left unexamined many particulars respecting them to

which attention would have been called by a previous inquiry, and perhaps ran the risk of forgetting them had they not been reminded of their existence by the similar remarks of others. These furnish a strong example of the imperfection of observations which have not been compared with those of other men, and exhibit in a clear light the necessity of combining the physician's private and personal experience with that of his predecessors and contemporaries; or, in other words, of associating practice with reading. And hence we see, what is generally acknowledged, but in too frequent instances not acted upon, the propriety, and, indeed, urgent duty of keeping up the literary character of the profession, supplying ourselves with libraries of practical works, and turning them to profit with assiduity and perseverance. The physician who studies nature by means of his own opportunities alone, deprives himself, *quoad hoc*, of one of the greatest advantages of letters and civilization. He loses that accumulation and comparison of knowledge which are produced by the co-operation of numerous individuals; and leaves, in this respect, the advanced state of society to imitate the condition of the rude practitioner of a barbarous age and country.

II.

OBSERVATIONS ON THE REMOVAL OF THE CRYSTALLINE LENS.*

By RICHARD MIDDLEMORE, Esq., Assistant Surgeon Birmingham Eye Infirmary.

IN my last communication, I objected to the early extraction of

the crystalline lens; first, because such an operation was generally unnecessary: and, secondly, because it was, in many instances, calculated to be highly injurious. I represented that when a section of the cornea, and wound of the capsule only took place, producing a displacement of the lens, such an occurrence in young subjects was not commonly succeeded by any very serious consequences, on account of the softness of the lens, and the activity of absorption. I attempted to show that when the same accident occurred at a more advanced period of life, an early operation only became necessary from some peculiar position of the displaced lens, or some morbid action with which the eye had been previously affected. I shall, on the present occasion, endeavor to point out those circumstances which render such an operation requisite.

The crystalline lens may be forced by accidental violence directly backwards into the substance of the vitreous humor; it may be urged against the retina and choroid at any part of the interior circumference of the eyeball. After having quitted its capsule, it may push the iris forwards, gently pressing it against the retinal surface of the cornea; it may remain balanced against the floating margin of the iris, intermediate between the anterior and the posterior chambers; or it may pass through the pupil into the anterior chamber, and remain supported by the loose border of the iris. In the first form of dislocation, the irritation occasioned by the intrusion of the lens will not be very important, but the degree of violence requisite to impact it in such a situation,

* From the London Med. Gazette.

and the laceration of the cells of the vitreous humor, will of course give rise to a high degree of inflammation. If active antiphlogistic remedies and mercury be early and judiciously employed, the eye may be, to a certain extent, restored; the vitreous and crystalline humors may be absorbed, and their place supplied by an augmented secretion of aqueous humor; or the vitreous humor may remain, and the lens assume the third or fifth form of dislocation. In the second kind of displacement, it is sometimes necessary to perform an operation at a comparatively early period. When the lens is urged against the retina,—when that delicate membrane, with the choroid, is compressed between the hard margin of the crystalline and the concave surface of the sclerotica,—we have not merely to contend with an inflammation, the immediate effect of the blow or injury, but also a second cause, which is producing the same effect. If such a state of things exist, the patient will complain of tormenting agony; the eyeball, the head and face, on the side of the affected organ, will be the seat of darting and throbbing pain. Iritis, and inflammation of the deeper textures, will be present; and if the eye be attentively examined, a portion of the circumference of the lens may be seen through the pupil, clearly pointing out the nature of the dislocation, and the source of the patient's sufferings. If a couching-needle be now introduced through the cornea (as for keratonyxis), and the lens gently raised, or if a minute section of the cornea be made, a small hook introduced, and the lens elevated to its proper situa-

tion, every acute symptom will be instantly relieved, and the patient's advancement towards recovery be progressively rapid, with the assistance of the customary remedies for the removal of inflammation of the deep-seated textures. I object to the extraction of the lens in such cases, because it is an operation which an eye acutely inflamed is not in a fit condition to bear; and prefer relieving the urgent symptoms by this trivial operation, leaving the cataract, which is likely to remain, for subsequent treatment.

Should the lens, on deserting its capsule, urge the iris forwards against the retinal surface of the cornea, it would be desirable, as soon as the acute symptoms have been subdued (if no appearance of absorption be discovered), to pass a fine couching-needle through the sclerotica, and, with very gentle motion, tear it in various directions; bearing in mind that it would be better to repeat the operation, than incur the risk of exciting a high degree of inflammation by persevering attempts to comminute the whole of the lens. I do not think extraction ought to be performed for this form of injury; because the pupil is so small, that, when the section of the cornea is completed, the lens jerks out with a degree of impetuosity which renders the risk of lacerating the iris very great. The iris, too, from its expanded condition and proximity to the cornea, is very apt to be wounded. Should the crystalline be fixed against the edge of the iris, it may either be placed in the anterior chamber by the operation of keratonyxis, or extracted. When the lens is forced into the anterior chamber by a fall,

or other injury, it is generally softened and absorbed very rapidly. The treatment of this accident which I have found most beneficial, has been the following:—General and local bleeding and purgative medicine, counterirritation, and belladonna cerate to the eyebrow, on the first day of the accident; changing afterwards the purgative for calomel and opium. As soon as the hydrargyrus evidences its action on the system, the inflammation is arrested and absorption quickened. The lens, however, may not be absorbed; and should it remain, and produce the symptoms which must necessarily ensue, its removal is not only justifiable, but imperatively requisite. A lens so situated is most favorably circumstanced for the operation of extraction. I would again observe, that, before this operation is undertaken, the acute symptoms ought to be subdued: it would be obviously improper to select the period of active inflammation for the performance of such an operation.

If the lens be dislocated into the anterior chamber, in consequence of chronic disease, the capsule yielding, from the extension of morbid action to that part,—if chronic inflammation of the iris and deepseated textures be excited and maintained, by the rough and craggy surface of an ossified lens,—if the capsule be wounded and the lens dislocated by a fall or blow, in an eye previously affected with chronic iritis,—or if, from any cause, a lens enlarged and indurated throughout its whole extent, be removed from its natural situation,—the operation of extraction ought to be performed without delay, be-

cause there is no prospect of the removal of the lens by absorption. The inflammation will be augmented, and cannot be removed whilst it (the lens) remains. There is no acute inflammation present, and by waiting, a more favorable opportunity for the performance of an operation will not be presented. The continuance of inflammation has rendered the surfaces with which the lens is in contact more sensible of its pressure: they are less capable of enduring its presence, without serious inconvenience, than when previously healthy. The opposite organ is very likely to participate in the irritation of its fellow, from having been kept for a long time in a state disposing it to suffer from a trivial cause.

The superiority of extraction, in such cases, over every other kind of operation, is very great: it excites little inflammation, removes the cataract altogether, and injures no deepseated structure.

III.

CASE OF PARALYSIS, SUCCESSFULLY TREATED WITH MOXAS.*

By W. T. TALIAFERRO, M.D. of Kentucky.

FEW if any cases of paralysis cured by moxa, having ever been recorded in the American journals, I am induced to draw up an account of the following case, in which that remedy was resorted to with success:

The subject of this case is a lady, aged twenty-one years, who had

* From the American Journal of the Medical Sciences.

been affected with paralysis for some time previous to my seeing her, and had been attended by Dr. Clapp, of New Albany, Indiana, who has favored me with the following history of her symptoms whilst under his care.

"Miss S. was attacked in the early part of April, 1827, with paralysis of both hands, which finally extended to her feet and legs. The palsy was preceded by a numbness, loss of motion, and some pain of the index finger of the left hand. On inquiry, it appeared she had had considerable abdominal derangement for several weeks previous to the access of the paralytic symptoms, indicated by considerable irregularity of the bowels and symptoms of functional disorder of the liver. Supposing the disease sympathetic of abdominal disease, rather than from disorder of the brain, it was treated with mercurial purges and alteratives, occasional emetics, vesicatories, cupping and unct. tart. antim. The blisters and pustules from the ungt. tart. antim. were of no apparent benefit. The mercurials appeared to be of service, especially when her mouth was somewhat tender. Vomits were of decided benefit, and the cupping was beneficial, dry cupping almost as much so as when the skin was scarified. Some of the discharges from the bowels were black and glutinous—some worms were discharged. After the excitement was considerably reduced, the nux vomica was used with apparent advantage at first, but soon ceased to be of any benefit, though it was not carried any farther than to produce a slight trembling of the palsied parts. The sal quinine has lately been of service as a tonic. The tinct. sanguin. canadens. M. 9, tinct. opii.

M. iij. M. ter in die, seems to be beneficial as an alterative and stimulant—it causes a pricking sensation in the palsied parts; in a larger dose it nauseates. Miss S. was my patient nine or ten weeks, and recovered so far as to enable her to return to Kentucky, her home. I regret much it is not in my power to give you a more particular history of this case."

I was requested to see Miss S. in December, 1828, when her symptoms were as follows:—Great debility; total inability to move the lower extremities, and very little or no use of the right arm, and entirely unable to raise her left, or close the hand; loss of appetite; weak, irregular pulse, varying from thirty-five to forty-eight in a minute; tongue thickly coated with a white fur; sickness at stomach; constant pain in the head; obstinate constipation of the bowels; catamenia regular; paralysis of the bladder; extremities cold and much swollen. Believing that the disease proceeded from gastric derangement and torpor of the liver, I made an attack upon those viscera with the following cathartics:—R. Podoph. peltat. ʒij.; Cal. ppt. et scammo. āā ʒj. M. f. pilula No. xxxij. Ordered four for a dose to be taken at bed time—gruel, &c. next morning. The first five or six doses operated well, producing three or four consistent alvine evacuations, dark and fetid; debility increased; no feeling in the feet, or left *index finger*, in which she had had a paronychia, which had been incised one or two years prior to the paralytic attack. After a perseverance with the pills for eight weeks, without the smallest appearance of a change for the bet-

ter, the pills were repeated every other night. I then gave the nitrate of silver in pills of half-grain doses and upwards, night and morning:—R. Argent. nitrat. et Medull. pan. āā ʒj. M. f. pilulæ, No. cxx.—they operated briskly on the bowels for a few days, and increased the appetite, producing a burning sensation of the stomach, but finally ceased to have any good effect—no affection of the skin, though she had taken three hundred pills. I now began to despair of success, there being greater loss of power in moving the extremities, with increased pain in the small finger of the right hand. I determined, however, on trying the moxa, which is so highly recommended by Baron LARREY, in his Surgical Essays. As soon as I procured the port-moxa, I requested my very intelligent young friend, S. M'Adow, M.D. to visit Miss S. and in his presence I applied the moxa to the *index finger*, on the middle of the first and second joint, directly over the *eschar* caused by the incision for the relief of the paronychia, and continued the application until the whole, (an inch,) was consumed, without the patient being sensible of the smallest pain.

In an hour I applied a second between the fourth and fifth cervical vertebra. Her complaint was now different—said it produced slight pain, at the same time an agreeable sensation, with a gentle glow through the system; pulse accelerated to 79. I directed one drop of the ol. croton tigl. at bed time, and to be repeated every third night. Diet light and nutritious.

1829, Feb. 18th. Pain in the head; livid blisters over the feet;

cold perspiration; costive bowels; pulse 63. Applied moxa to the neck and ankle; cathartic continued. Bilious, watery discharges. The oil produced some pain in the bowels, but operated speedily.

Feb. 22d. Symptoms as above. Applied moxa to the neck and left ankle; acute pain in the former, none in the latter.

25th. Fever; pulse 98 and small; throbbing in the temporal arteries; bowels continue costive; tingling sensation in the feet; pain in the ankles and forefinger, where the moxa was first applied; feet continue to perspire; no passage without medicine; great difficulty in urinating. Ordered four of the former pills at bed time, and a drop of the oil next morning; applied two moxas over the lumbar vertebra.

March 1st. The cathartics produced several consistent and brown discharges; nights restless; pain in the head continues; cold feet; pulse 85 and small; three of the blisters from the moxa slightly suppurating from neglect in applying the aq. ammon. Applied moxa to the nape of the neck and middle of the left arm; ordered sem. sinip. half an ounce, bis in die.

6th. Evidently better; appears rather stronger; appetite improving; bowels more open; discharges more natural; pulse 90, full and regular; urinates tolerably easy; lower extremities cold; cold clammy perspiration on the feet; slight pain in the head. Applied moxa to the right shoulder, and one over the heart, where she complained of acute pain; burns kindly healing; continue the sem. sinip.

12th. Extremities cold; bow-

els regular. Applied moxas to the neck. Appetite improving; urinates freely and without pain.

18th. Applied moxas, two on the upper part of the dorsum, on each side of the sixth and seventh vertebra. Sleep refreshing.

24th. Pulse 80; tongue clean; pain in the head and back, with some weakness in the latter, when raised in bed; unable to move the lower extremities, or even the toes. Applied two moxas.

30th. Pain in the back; difficulty in urinating since last visit; bowels costive; pulse 89. Applied moxa to the sacrum, two on each side of the spine.

April 6th. Frequent syncope when raised to take drink; blisters on the feet much more numerous and livid; urinates easy; pain in the back lessened; desires the moxa more frequently, said they were really pleasant; tongue clean; slight pain in the head. Applied two moxas to the sacrum.

14th. Restless nights, starting and dreaming; pulse 78, full and irregular; acute pain in the left elbow. Applied two moxas on each side of the humeral processes; great aversion to medicine of any kind, but willing to have the moxa applied daily.

21st. Rests well at night; sleep refreshing; spirits improving; feels stronger; pain in the head lessened; tongue slightly furred. Applied moxa to the sacrum: ordered four pills: burns healing.

29th. Sleep refreshing; pain and swelling in the arm lessened. Applied moxa to the sacrum. Pain in the back removed; urinates easy and copiously; cold extremities; tongue moist; appetite improving; sat up to-day one hour in bed.

May 7th. Pulse 95, quick and

small; sat up to-day half an hour in an arm-chair; considerable improvement; natural feeling returning; complains of the moxa; slight pain in the temples; swelling in the feet subsiding, and blisters also disappearing; countenance cheerful; sanguine of a speedy recovery. Friction with the flesh-brush to the body and extremities.

15th. Miss S. informed me to-day that she had had severe pain, since my last visit, in the left knee, with numbness and pain in her feet; acute pain in her left breast, directly under the mamæ; head clear of pain; sat up all day for several days past; can stand alone; bowels open, and urinates with ease. Applied two moxas to the sacrum.

20th. Her mother applied moxas over the great sciatic nerve, and it was with great difficulty that she bore it: almost clear of pain.

25th. Pulse 76, full and regular; tongue clean; appetite good; bowels open; fond of beef steak; allowed any kind of diet.

June 7th. Rode out to-day two miles; pulse 85; no pain in hip or knee; appetite good; sleep reviving.

18th. Continues to amend. Applied two moxas.

28th. Still improving; walks about the house, up and down stairs, without assistance.

July 8th. Pulse 85; no pain; moxas almost insupportable, produce sweat and flushing of the face; bowels regular.

16th. Spirits fine; gaining flesh; burning in the feet; blisters disappearing; sweat subsiding, and warmer.

24th. Stronger to-day than for the last two years; pulse 80, full

and soft ; complexion red ; bowels regular ; tongue clean ; slight pain in the left knee. Ordered two moxas : appetite fine, and sleep undisturbed.

30th. Rides out daily ; pain in the knee removed ; clear of all pain in the head ; feeling in the feet and hands nearly natural.

July 1st. On a visit to May-slick, distance ten miles ; can walk some distance without fatigue.

August 12th. Slight pain ; requested Dr. Sharp to apply the moxa, for fear of a recurrence of palsy, which she bore with great difficulty.

Oct. 9th. Very much improved. Her mother informed me to-day that her bowels are regular, that she urinates with perfect ease, and is in better health than she ever was in her life.

Jan. 21st, 1830. At this time she is in the enjoyment of good health, weighing forty or fifty pounds more than she did January last. No symptoms of numbness or pain.—Miss S. resides seven miles from this place.

I have used the moxa successfully, within the last fourteen months, in two other cases of paralysis, both men, one aged 76, the other 34.

IV.

DR. PACKARD'S CASE OF GANGRENOUS EROSION OF THE FACE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Several cases of "Gangrenous Erosion of the Face" have been described in your Journal within a few months. A case, varying in some minor particulars from those already published, has

recently occurred in my own practice ; and if, in your opinion, any particular is offered that will afford a clearer insight into the pathology of this truly frightful disease, I wish you would give it a place in your Journal.

My patient was a little girl ten years of age, who, from birth had been an uncommonly healthy child. I saw her for the first time, January 22, 1830, and found her laboring under the common symptoms of fever. My first prescription was an emetic of tart. ant., to be administered slowly, that its nauseating effects might be experienced for some time before full vomiting should take place ;—to be followed by powders of calomel and jalap every four hours, until free alvine evacuations should be produced. On the following day, calomel in small doses entered into my prescription ; but from that time, during the course of her sickness, she took but two doses (one of which was given after her cheek began to swell), and in a quantity to ensure its cathartic effect. I feel confident that the constitutional effect of calomel was not produced, though, as will be afterwards mentioned, a fetor, somewhat resembling that of a mercurial sore mouth, was for some days perceived. The fever, soon after I saw her, assumed a typhoid type, and the lungs were the parts which suffered most. Indeed, for three or four days, at the close of the second and commencement of the third week, I very much doubted whether the local difficulty could be removed. It was, however, and in a few days there were decided symptoms of amendment. About the middle of the fourth week, the

inflammation of the eyes, which had been noticed for some days, but which was so slight as to occasion but little complaint, became more than ordinarily severe; and about the same time the left cheek became much swollen and painful, and extremely tender to the touch. In addition to the local treatment for the eyes, on account of both affections, blisters were applied to the arms and to the left side of the face; and to the cheek, evaporating lotions, irritants, and emollient poultices; but to no purpose, producing no abatement in the swelling or tenderness. From the extreme swelling and soreness, no satisfactory examination of the mouth could be made. Soon after the swelling of the cheek commenced, the breath became fetid, and resembled the mercurial fetor, but it soon was intermingled with, and finally lost in, that peculiar to gangrene. About a week from first noticing an enlargement of the cheek, a large slough came away, which, on examination, appeared to have been that portion of the cheek which had been protruded between the teeth. A foul surface was left, and the erosion proceeded rapidly, particularly in a downward direction: hemorrhages were frequent, and sometimes profuse, and were checked by the application of tents immersed in diluted pyroligneous acid. Several days elapsed after the coming away of the slough above mentioned, before the disease appeared upon the exterior; after which, I could more accurately observe its progress. Sometimes it would appear almost stationary, and, throughout its whole course, its advances were certainly not so

rapid as in most of the cases that have been published. The boundary line of the erosial part, at death, which took place March 18th, and which was *immediately* caused by a hemorrhage, commencing at the angle of the mouth, passed by the nose to the upper edge of the malar bone,—thence, by the ear, and along the internal edge of the sterno-mastoid muscle for a short distance, came anteriorly, including half of the throat and chin.

When it was ascertained that the inflammation would not yield to the first applications, I was induced to believe that if the powers of the system were sufficient, it would result in the formation of an abscess. The local difficulty in the second and third week was of such a nature and severity, that I was cautious in administering tonic medicines;—they were given, however, and, on the first appearance of the sloughing ulcer, were increased: but the stomach, in a few days, became so extremely irritable, that almost everything, however mild and unirritating it might be, was rejected, and their use was of course prohibited.

From what I could learn by a very superficial examination after death, the disease seemed wholly confined to the cheek, and to the muscles and cellular substance of the neck; there was no loss of teeth, and the gums did not seem to be affected. I would remark here, that, for many days previous to any perceivable enlargement of the cheek, my patient complained occasionally of tooth-ach on the same side that was afterwards diseased, and which was, at the time, referred to a defective tooth in the lower jaw.

Referring back to the imperfect history which I have given you of this case, you will perceive that it was about the 17th of February that the swelling of the cheek was first noticed; that the slough came away about the 28th; and that the disease appeared anteriorly the first of March. Considering the great reduction of the powers of the system by a severe fever, from which she had scarcely begun to rally before the attack of the disease which issued in death; the frequent hemorrhages

occurring two or three times every twenty-four hours, some of which were considerable; and the small amount of nourishment the stomach was able to retain; the length of time this little girl lived is rather remarkable. Death, as it seemed inevitable, was for many days heartily desired by her attendants and friends, and, when it came, was not an unwelcome visitor.

Yours, &c.

GEORGE PACKARD.

Saco, June 18, 1830.

BOSTON, TUESDAY, JULY 6, 1830.

HOURLASS CONTRACTION OF THE
UTERUS.

THE following case is from a number of the London Medical Gazette. The author introduces it by remarking that he had heard it asserted, by a respectable authority, that no such affection as hourglass contraction existed;—that this assertion had greatly surprised him at the time, as being at variance with what he conceived to be his own experience, as well as with the sentiments of distinguished writers on midwifery; but that the circumstances of this case had gone far to produce a change in his opinions, and to persuade him that the profession and himself were involved in a common error on this important subject. But the author shall speak for himself.

To the Editor of the London Medical Gazette.

Eton, April, 1830.

WRITERS on midwifery tell us, Mr. Editor (among the rest my excellent preceptor, Dr. D. D. Davis), of a

spasmodic affection of the uterus which they denominate "the hourglass contraction," an affection which I imagined I had several times met with, and overcome by a large dose of laudanum and manual efforts, gradually relaxing the spasm. It happened, however, at a late meeting of the "Windsor and Eton Medical Society," that Sir John Chapman, of Windsor, a gentleman of great experience, and very extensive practice, when speaking on this subject, gave it as his decided opinion, that no such affection as hourglass contraction of the uterus existed—an opinion which, I confess, staggered me at the time, as strongly militating against my own experience as well as all our best authorities on the subject. The following case, however, which lately occurred to me, has so strongly convinced me of the truth of that opinion, that I am desirous of detailing it, for the judgment of the profession.

Case of Retention of the Placenta from long continued Spasmodic Action of the Uterus, induced by sudden Traction of the Fumis.

A woman, 35 years of age, of healthy appearance, at the full peri-

od of gestation of her first child, was seized with uterine pains on Wednesday morning, 7th April, which continued during the day at irregular intervals. In the evening, there being no dilation of the os uteri, and that organ being high up in the abdomen, an opiate was given, which produced a quiet night, and the following morning an aperient, which did not act till late in the day. Thursday was passed as the previous day, with small irregular pains, and no advancement of the labor. On that night however, or rather at two o'clock on Friday morning, the patient, on getting out of bed to the night-table, was seized with two pains, which expelled the child with such force, that the funis was separated from the placenta, close to its origin. I was sent for on the instant, and found the patient without either pain or hæmorrhage; the uterus firmly contracted, and feeling like an immense stone in the abdomen. After remaining a couple of hours, and finding no expulsive efforts made by the uterus, I passed my hand into it, as I imagined (my arm being introduced up the vagina to within three inches of my elbow), for the purpose of removing its contents, when I found a firm constriction in its centre, and a portion of the placenta, hanging loosely below it. I gave all the laudanum I had by me at once, (about 3j.) and endeavored for some time to dilate the spasm, but failed. I then left the patient, with directions to be sent for in case of hæmorrhage, and prescribed an anodyne medicine, to be repeated at intervals. She remained without hæmorrhage or an expulsive pain during the day, the uterus firmly contracted in the abdomen. At six o'clock P.M. I renewed my efforts to extract the placenta, but found the uterus in precisely the same state, and was compelled to desist. At eleven at night I gave the patient thirty drops of Battley's liq. opii. sedativ.; and at 12 o'clock I again introduced my

hand, and found the spasm as rigid as before. I then pressed my left hand on the abdomen, and found, to my surprise, from the shape and situation of the uterus, that my fingers had never been within it at all, but that its mouth was firmly closed on the placenta, and that the uterus had receded so high into the abdomen, thereby elongating the vagina to so great an extent as led me to suppose I had found my way into the middle of the organ, when, in truth, I had but arrived at the portal. I now directed the nurse to press very firmly on the fundus uteri, in opposition to my efforts to dilate its mouth, and by half after twelve o'clock I succeeded, by very strong exertion, in relaxing the spasm so as to admit my hand, and immediately withdrew the placenta, the uterus instantly returning to its former state of rigidity. Three parts of the placenta had been retained within the uterus; there was no appearance of adhesion to its surface, no hæmorrhage succeeded, and the patient did well.

With best wishes for the success of your valuable publication, believe me, Mr. Editor,

Very truly yours,

WILLIAM MOSS.

Regarding the facts in the above case, as we have the best testimony which the circumstances admit of, it is impossible to refuse them credit; there are, however, some difficulties in the statement presented, which it would be very desirable to have fairly explained. In the first case, we cannot perceive in what manner the situation of the os uteri, the main point at issue, was inferred from the pressure of the hand upon the abdomen; or, if this discovery could be made at all in this manner, why it was not made at the first examination. Secondly, we do not understand how the uterus is supposed to

have receded into the abdomen, and thus to have elongated the vagina in the manner referred to. Lastly, we are unable to perceive how the contraction exerted on the cord should have produced a spasm of the sphincter uteri. That an irregular action should occur in the fundus from this cause, is rendered probable by the tendency of the organ to contract at this part after labor, and by the fact that the violence exerted on the placenta must extend also to the seat of its attachment within the organ; whereas neither of these considerations apply to the os uteri. On the whole, we must confess ourselves inclined to suspect that when a similar state of things is again presented to the Doctor, he will find his original impression to have been the true one, and will meet with some facts to convince him that irregular contraction of the uterus is, in the nature of things, at least a possible occurrence.

CÆSAREAN SECTION.

THIS operation was lately performed at the Hospital St. Louis in Paris, under circumstances somewhat peculiar. An unmarried female, about 27 years of age, was, in consequence of imprudent exposure, attacked with bronchitis. This being neglected, assumed a chronic character, and, in the course of a few months, she was evidently threatened with phthisis. Still unwilling to place herself under any regular medical care, she had the additional imprudence to quit the place where she lived, and to form a *liaison*, in consequence of which she became pregnant. Seven months

afterwards she was admitted into the hospital, suffering with cough, hectic, pain in the side, purulent expectoration, and other symptoms of confirmed consumption. She was not in any degree relieved by treatment. Three weeks from the time of her admission, a violent hemorrhage occurred, which proved rapidly fatal. Five minutes after death, hysterotomy was performed. On delivery of the child, a slight pulsation of the heart was evident, but no other sign of life was exhibited. The infant was immediately placed in water of a proper temperature, its body gently and constantly rubbed, and air breathed into its lungs. After these means had been persevered in for some minutes, respiration commenced, and it uttered a faint cry. From this time matters proceeded very favorably, and at the end of ten days, when the account was written, the child was alive, and apparently in good health.

It has been a subject of frequent remark, that when pregnancy supervenes on chronic disease, especially of the lungs, the progress of the latter is arrested until labor has taken place. In this case it seemed probable, notwithstanding the grave aspect of the malady, that, but for the accidental occurrence of hemorrhage, the patient would have completed her period of gestation. The point worthy of notice in the case, however, is the length of time which may elapse between the extinction of maternal and that of fetal life, when the latter takes place from a sudden cause. That this circumstance is favorable to the chance of survivor-

ship, there can be no doubt; but what the greatest possible interval may be, we have no means to form a conjecture. In one case mentioned in connection with the above, and in which the interval was twelve minutes, the circulation was found to have entirely ceased. When life is extinguished slowly, it is highly probable that the fetal death may precede the maternal. In the above case, however, it appears that, although the main disease had continued for a long period, the immediate cause of death was the occurrence of hemorrhage, under which the patient almost instantly sunk.

A fact of this sort is interesting in another view, as it illustrates the degree of connection which exists between the uterus and the fetal placenta. If this connection were maintained by large vessels, and the blood of the uterine arteries flowed freely into the placental veins for the support of fetal life, it would almost necessarily happen that as soon as supplies ceased to be furnished by the maternal heart, the fetal circulation would also be arrested. That this does not happen, is sufficient to suggest the idea that the placental circulation is, in some degree at least, an independent function; that this organ enjoys a vitality which, though derived from the general circulation, will yet continue for a certain time without fresh supplies; and in virtue of which it is enabled, like an additional pulmonary system, to effect those changes in the blood which are necessary to adapt it to the fetal circulation. We have a fact furnished by a medical friend

(a practitioner of considerable eminence in this city), which, if it does not determine the extent of this independent existence, at least establishes its reality. In a case which occurred in his practice, the placenta and fetus were expelled together. The child made no effort to breathe, but the circulation in the cord was observed to be perfect. A vessel of warm water being procured, the whole apparatus was placed in it; and in this situation, a true fetal life was maintained for several minutes, before any attempt was made at respiration. Occurrences of this kind are probably not very rare; at all events, they must be more frequent than post-mortem Cæsarean sections: and if the interest they possess in a physiological view were duly estimated, we apprehend they would more frequently be communicated to the public.

RETENTION OF URINE.

M. LEROY, who is so distinguished as a lithotriteur, asserts that the disease, in a large proportion of cases, depends not on any paralysis of the bladder, but on an enlargement of the prostate; and that he has repeatedly cured it by introducing a straight sound into the organ,—thus depressing the gland, and liberating the neck of the bladder from the compression which was previously exerted upon it. The mode of introducing the sound which was first employed by M. Leroy, was, to pass a gum elastic catheter, then to withdraw the stilet, and replace it by the straight inflexible sonnd, which gradually made its way through the catheter, and obli-

terated the sinuosities of the passage. By an improvement of his instruments, this part of the process has lately been facilitated by the operator, who is now able, even in the worst cases of enlarged prostate, to bring the urethra into a straight line, without material difficulty.

NEW PESSARY.

A LADY practising the profession of midwife near Paris, has lately invented a pessary which, on some accounts, has been found preferable to any heretofore employed. It consists of a steel spring of proper shape, enclosed in a cushion of horse-hair, which again is entirely enveloped in a case of gum elastic. The instrument is said to have sufficient firmness to support the uterus, to yield readily to the pressure exerted during the fecal evacuations, and to oppose no obstacle to the passage of the urine. It has received the approbation of the Royal Academy.

Fracture of the Spine—Recovery.

—A case of recovery after fracture of the spine, with paralysis, recently occurred at St. Thomas's Hospital, and is reported in the London Journals. The subject of it was a young man 15 years of age. The fracture was produced by the falling on him of a cask, and was discovered in the body of the 3d dorsal vertebra. Although the mind was perfectly clear, and the use of the upper extremities unimpaired, respiration was performed by the diaphragm alone, and there was total loss of voluntary motion in the lower extremities: priapism was constant, and the patient had no power over the bladder.

He was placed upon a fracture-

bed, with a trap-door so fixed that the seat of the injury might be examined without moving him; leeches were applied freely, the catheter, enemata, &c., used as occasionally indicated. The amendment was gradual, and it was not until he had remained on the bed twelve weeks, that he was allowed to rise. At the expiration of five months from the accident, his health was restored, and he walked perfectly well, save only a degree of stiffness in the hip, knee, and ankle joint, of the right leg.

On the Use of Acetate of Lead in Ulcerated Phthisis.—Dr. Lenz considers the acetate of lead as a true panacea in chronic pneumonia which has gone on to ulceration. Dr. Schneider, of Ettenheim, is also said to have employed the remedy in this disease, with success. The medicine is given in powder, combined with opium; the dose gradually increased. A patient who was cured by Dr. Lenz, took two drachms in thirty-two days; and Dr. Schneider has often given fourteen grains in one day, without producing the least ill effects.—*Heid. Klinis. Annalen.*

Librarian to the King of England.—The late Dr. Gooch was the first member of our profession who held the office of librarian to the King of England. The vacancy occasioned by his death has just been filled up by the appointment of Dr. Macmichael; and (says the Medical Gazette) we have pleasure in mentioning the nomination of that gentleman, both because an honorable mark of distinction is thus retained in the profession, and because it is bestowed on one whose accomplishments and character entitle him to the respect and esteem of his brethren.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JUNE 18.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
June 13.	F.	11 d			F.	47 yrs	
	F.	9 yrs		18.	F.	20 mo	
15.	F.	15		Total, 5.			

ADVERTISEMENTS.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

July 6.

12t.

MED. SCHOOL IN BOSTON.

THE Courses of Lectures begin annually on the third Wednesday in October, and are continued daily for three months, on the following subjects:—

Anatomy and Surgery, by JOHN C. WARREN, M.D.

Chemistry, by JOHN W. WEBSTER, M.D.

Materia Medica, by JACOB BIGELOW, M.D.

Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.

Theory and Practice of Physic, by JAMES JACKSON, M.D.

The apparatus and collections of speci-

mens used in illustrating the demonstrative courses, are very extensive. The fees for all the courses amount to \$70. Board is obtained for about \$3 per week.

This institution now offers greater advantages for the acquirement of a thorough medical education, than it has done at any former period of its history. During the last two years the means of obtaining practical knowledge of the anatomical structure of the human body have been amply supplied to pupils, probably at a less expense than in any other of the schools in the United States. The opportunity of witnessing numerous important and capital operations in surgery, and of attending the clinical practice of one of the best regulated hospitals in this country, are gratuitously afforded to all who attend the lectures of the professors.

June 22.

7t

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 188 Washington Street.

EUROPEAN LEECHES.

A SMALL lot of remarkably fine Leeches, having been kept over the winter, and *never used*, are offered by retail by

R. A. NEWELL,
Druggist, Summer Street.

Leeches sent to any part of the city and applied without any extra charge.

June 15.

3t

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons, and Barnard's, No. 184 Washington Street.

May 4.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JULY 13, 1830.

[No. 22.]

I.

SKETCH OF THE PROFESSIONAL CHARACTER OF THE LATE WILLIAM LISTER, M.D., FORMERLY PHYSICIAN TO ST. THOMAS'S HOSPITAL.*

THIS estimable physician, after maintaining a deservedly high reputation in London for nearly half a century, died at his house in Lincoln's Inn Fields, on the 3d of January, 1830, aged 73 years.

Dr. Lister possessed an acute and vigorous understanding, which had early received the culture of a liberal and extended education. His deep and solid attainments, both in philosophy and in the classics, formed an admirable basis for studies more directly of a professional nature. These he afterwards pursued in the university of Edinburgh, with such persevering ardor and success, as to acquire a high character for his knowledge of medicine and the collateral sciences. He took an extensive range in study, and always continued to retain an attachment to general science; and it is worthy of remark that, to the very last, he continued to keep pace with the improvements of the day, and even in chemistry to make himself intimately acquainted with the rapid progress of discovery. So

great a love also did he cherish for classical literature, that, until within a short time of his death, he was accustomed, in the intervals of professional duty, to which he conscientiously devoted a large portion of his time and energy, to recreate himself with the poets and historians of Greece and Rome. Nor did he discover any diminution of interest in the science of mind, on which he continued to read with the same deep attention and eager spirit of inquiry which had characterized the investigations of his early collegiate life.

Notwithstanding, however, this steady attachment to general science and literature, in which his acquirements were not less extensive than profound, Dr. Lister constantly made his profession the principal object of attention. Few individuals, perhaps, have possessed a constitution of mind better adapted for the prosecution of medical inquiry. An acute perception and great power of attention were united with a sound and discriminating judgment, by which he was enabled to view a subject in all its bearings, carefully separating what was essential from that which was merely accidental and adventitious, and generally deducing from the whole a correct and logical conclusion. So thoroughly and patiently, indeed, did this indefatigable physician inves-

* From the Lon. Med. and Phys. Journ.

tigate the more obscure forms of disease, as seldom to have occasion to amend his opinion or retrace his steps. Like his intimate friends, Dr. Baillie and Mr. Cline, he was accustomed to express his view of a case in a few clear, forcible words, and in a manner simple and unadorned, yet calculated to impress the hearer with a conviction of the value and correctness of the opinion.

Dr. Lister's practice exactly corresponded with the clearness and decision of his mind, evincing an equal degree of simplicity and of energy; and thus enabling him to ascertain, with considerable accuracy, the progress of the disease and the effects of the remedies.

Nor would it be proper to omit a special reference to those sterling moral qualities, which were not less conspicuous and influential than his intellectual endowments. Uncompromising integrity and genuine disinterestedness, were strikingly observable in his whole character. The welfare of his patients and friends, rather than his own individual interest, appeared to be the predominating principle of action. He had a just conception of what belonged to the character of a physician, and always maintained, by example as well as by precept, the dignity and value of his honorable profession.

With such principles and such conduct, it is not surprising that Dr. Lister should have inspired, in the minds of those who had the privilege of his friendship, a high degree of respect and attachment; although, from a rooted aversion to everything like pretension and display, his manner may have appeared to strangers cool and unattractive. Those, however, who knew him intimately, had abundant

proofs of the tenderness and depth of his feelings.

With a mind so well stored and disciplined, and with opportunities and habits of observation so favorable to research, it is to be regretted that Dr. Lister should have written comparatively little. The specimens of biography given in the *Gentleman's Magazine* for November, 1817, and October, 1823, containing short memorials of two of his most beloved and intimate associates, viz., Dr. Wells and Dr. Baillie, sufficiently prove how admirably he was qualified for literary undertakings.

But to the most able and diligent, as well as to others, "there is a time to die." Dr. Lister contemplated that important change with remarkable composure. During the last thirty years of his life, indeed, he had suffered repeated attacks of angina pectoris, and had a constant persuasion of being himself the subject of organic disease about the heart. Of this settled and deliberate conviction he could not divest his mind, notwithstanding the remonstrances of his brethren, especially of his intimate friend Dr. Wells, who labored to persuade him he was merely hypochondriacal: yet the post-mortem appearances decisively prove that Dr. Lister's usual judgment did not forsake him even in the consideration of his own individual case.

Among the papers examined after his death, a memorandum was found, dated December 20, 1821, in which he details the particular symptoms of his complaint, and his opinion of their nature, concluding with the following direction:—"To ascertain the truth of the above conjecture, and to recommend the practice of post-mortem examinations by an exam-

ple in my own person, I desire that my excellent friend, Mr. J. H. Green, may be requested to make a complete examination of me as soon after my death as he thinks desirable, and to furnish my son Nathaniel with a statement of all he observes." In accordance with this request, an accurate inspection was made by Mr. Green, which remarkably confirmed the opinion which the deceased had entertained of the nature of his disease. The valves of the aorta, as well as various portions of the aorta itself, were ossified, as were also the coronary arteries. The mitral valves were also partially ossified, and the tricuspid passing into the same state. There was hypertrophy of the left ventricle; and adhesions had formed between the heart and pericardium. A large quantity of serum was contained in the cavities of the pleura. The internal carotid arteries were ossified, and the vertebral arteries thickened.

Notwithstanding occasional paroxysms of agonizing pain, Dr. Lister steadily pursued his usual avocations, and actually visited his patients until two days preceding his death. He had suffered, however, exceedingly during the severe weather of January last, both from difficulty of breathing and general uneasiness about the chest. Towards the evening of Tuesday, symptoms of effusion more distinctly appeared; and on the morning of Wednesday, surrounded by his numerous and affectionate family, and in the full possession of his mind, this venerable man gradually ceased to breathe.

II.

OBSERVATIONS ON A PECULIAR KIND OF TRAUMATIC DELIRIUM. BY M. HELIS.*

THE duty of a surgeon consists not only in carefully preparing his patients for operation, or in operating with skill and courage, but in leading them safely through the various dangers which arise after the performance of the operation. The moral and physical excitement experienced by a patient who has just been operated upon, exposes him to various maladies. But there is one kind of affection which usually occurs after surgical operations, and which appears to be particularly connected with them; and it is indispensable for the operator to be as well acquainted with such cases, in order that he may complete his task, as that he should be well skilled in anatomy to perform the operation. It is, indeed, by this kind of knowledge, that the scientific surgeon distinguishes himself from those who merely possess a little manual dexterity, and who are ready to exclaim with a lithotomist of the last century, "I have operated, let Providence complete the cure." From the slightest wounds the most formidable symptoms not unfrequently arise. It behoves us, then, to watch a patient with the greatest attention who has been the subject of an operation in which the most important parts have been divided. After wounds, whether inflicted by accident or the knife of the surgeon, the nervous system is often so much disturbed as to lead to a species of delirium, the precise causes of which are obscure. This mental disturbance

* London Med. and Phys. Journ.

varies in its progress : the symptoms which accompany it are sometimes very alarming, but nervous or traumatic delirium is seldom fatal, if properly treated.

The object M. Helis has in view, is to illustrate by cases the advantage of the treatment recommended by M. Dupuytren, which we have ourselves seen employed with the best effect.

CASE I.—*Delirium after the Operation for Sarcocoele.*

M. D. R., twenty-five years of age, of a nervous temperament, was operated upon for sarcocoele of a very large size, in 1817. The day after the operation, he was restless, and very much alarmed lest hemorrhage should occur. The succeeding day his agitation had much increased ; the slightest word or movement produced the greatest degree of excitement ; the least sensation redoubled his apprehensions. Still his progress was satisfactory. He soon complained, however, of pains in his limbs and chest ; his eyes glistened, he breathed quickly, eagerly demanded food, and was determined to rise from bed. His mind wandered ; he repulsed those who were the most attentive to him, and called loudly for his family : his whole body was incessantly in motion. His cries, the appearance of his eyes, the fixed state of the pupil, his face covered with sweat, and his calm and regular pulse during all his agitation, convinced M. Dupuytren of the nature of the case. Particular attention, however, was paid to the state of the chest, as the patient complained of a fixed pain in that part.

When it was ascertained that he was laboring under no pulmonic

disease, an enema with six drops of laudanum was immediately given ; and the patient was ordered to be kept perfectly quiet, and undisturbed by friends. In an hour after the administration of the enema, M. D. R. ceased to ramble, and fell into a sound sleep, which lasted for several hours. The cure was complete in twenty-five days.

CASE II.—*Delirium after Luxation of the Femur.*

A mason fell from a scaffold, and luxated the left femur. He was carried immediately to the Hôtel Dieu, and the next day the luxation was reduced with the utmost facility. The patient was dreadfully alarmed at the apparatus which was employed, and could not believe himself so speedily cured. On the following day he was extremely agitated. The eyes were unnaturally brilliant, and turgid with blood ; his face red, and covered with sweat. He cried out incessantly, and endeavored to break the bandages by which his limb was secured. In the midst of this mental derangement, the pulse was full, regular, and natural in number ; temperature of the skin not increased.

The sister of the ward, who was well accustomed to these symptoms, ordered an enema with ten drops of laudanum in it to be immediately given ; and no other remedy was necessary to restore the patient to reason.

CASE III.—*Delirium after the Fracture of a Rib.*

Langlois, a mason, was admitted into the Hôtel Dieu with fracture of a rib. A tight bandage was placed round his body.

From the facility with which such accidents are usually cured, but little attention was paid to this patient ; but on the third day he was attacked with delirium, which continued unabated. He threw himself into various positions : all his muscles were in a state of continued tension : eyes very brilliant ; skin covered with sweat ; pulse natural. He fancied he saw images dancing before him in the air, and that various experiments were being tried upon his bed.

As this man was of a full habit of body, he was first bled, but without relief. An enema with ten drops of laudanum was then given, and a slight degree of calmness succeeded. The next day this dose was doubled, without advantage. His cries and constant restlessness were now so annoying to the other patients, that he was put in a ward by himself, and forty drops of laudanum were given in an enema, and the delirium speedily subsided.

CASE IV.—This patient had attempted to commit suicide by cutting his throat. On the second day after the attempt he became delirious, and it was necessary to restrain him by the strait-waistcoat.

An anodyne was first given by the mouth, with but little effect ; but an enema with a few drops of laudanum quickly restored him to reason. On the fourth day the wound assumed a bad appearance ; the delirium returned, and was again successfully opposed by the same treatment.

CASE V.—This patient was operated upon for popliteal aneurism. He was of a plethoric and

athletic constitution, and a free bleeding had been practised, to guard against accident after the operation. He appeared to be indifferent to everything that was done, and scarcely conscious of what was passing around him. On the fifth day he was attacked with furious delirium, without fever. The symptoms were the same as those detailed in the previous cases. An anodyne enema was given with the most complete success. The ligature, however, came away from the femoral artery prematurely, and the patient expired on the fortieth day, after many attempts had been made to arrest the hemorrhage.

CASE VI.—In this case, the patient had attempted self-destruction by cutting her throat. Delirium afterwards occurred, without fever or symptoms of inflammation. Anodynes, internally given, were effectual in relieving it.

M. Helis is not aware that any author has paid particular attention to this species of delirium. He has only found one example of it in books. Many surgeons have, indeed, spoken of the violence of some patients after operations, and of their tearing away their dressings ; but none have inquired into the cause of this kind of insanity, or have endeavored to relieve it by any other means than coercion. The danger of so violent a kind of delirium after various accidents and operations, must be evident, and it must be a source of much gratification that we possess a remedy which is almost certain in its operation. M. Helis imagines that it may generally be possible

to predict the occurrence of this mental disturbance, either from the nature or duration of the operation, the character of the patient, his moral energy or physical disposition. There are some symptoms from which delirium may be almost certainly anticipated. If, a few hours or one or two days after a fracture, an attempt to commit suicide, or any operation, the patient appears unusually gay, talks much, has a quick expression of the eyes, gives short answers, moves quickly and without any obvious motive; if he affects great courage and resolution, the surgeon should be upon his guard. The slightest excitement should be avoided. The patient should be kept in the most complete repose, away from light, noise, or unnecessary visits, or his symptoms will quickly become more decided. He will soon begin to talk unconnectedly; at one moment his language will be mild, at another violent: his loquacity will be incessant. In this state the patient is dangerous to others and to himself. In one case M. Helis mentions, a man rose in the middle of the night, and beat many of his companions with his crutch, and would probably have destroyed some of them, if he had not been secured. In some instances, patients have precipitated themselves from a window, or have destroyed themselves in a still more horrible manner.

The most remarkable circumstance in the midst of so much disturbance of the mental faculties, is the tranquil state of the circulation, and the absence of febrile symptoms. The patient is furious, has lost all command of himself; his face is bathed

with sweat, his eyes are unusually brilliant, he cries out vociferously, and might be thought to be laboring under the most ardent phrenzy; but his pulse is calm and regular, and the state of the skin removes all suspicion of inflammation. It is, in fact, a true mania, differing only from ordinary cases in its duration. M. Helis has rarely seen the attack last longer than five or six days.

The mode of exhibiting it is as simple as it is efficacious. It consists of a few drops of laudanum administered in a clyster. It is this remedy which M. Dupuytren constantly employs, and it is far preferable to every other. Five or six drops of laudanum, given in a small clyster, produce more effect than thrice the quantity taken by the stomach. This fact may be explained by the sympathy which unites the brain with the rectum. As a proof that this sympathetic connexion is not imaginary, we may cite various cases of pains in the head, delirium from constipation, the clear and active state of the mind which follows a required evacuation from the bowels, and instances of hemicrania that have resisted every other treatment, and which have yielded, as if by enchantment, to irritants placed in the rectum. But a physiological explanation may be adduced. The stomach, destined to elaborate the first element of nutrition, is endowed with a digestible power, and with secretions which alter more or less every substance which comes in contact with it; and many medicines introduced into the stomach are ineffectual, because they are mixed with the food, or their powers are weakened by the gastric juice. Hence

various medicines, particularly of the vegetable class, are uncertain in their operation, or totally inefficacious, with many patients. The rectum, destined to be the reservoir of the residue of digestion, absorbs, but does not digest, and it will easily be conceived that medicines which are introduced in it, provided they are not expelled, will act with more certainty than if they were administered by the stomach.

The treatment recommended by M. Helis in cases of traumatic delirium, has been practised with much success in several of the London hospitals, but we know it is not yet duly appreciated by the profession at large. Two instances have occurred to us in which anodynes had been given by the mouth without benefit. In both, the exhibition of an enema, with fifteen drops of laudanum, speedily quieted the turbulence and incessant loquacity of the patients; a calm sleep followed, and health was soon restored.

III.

RETENTION OF URINE FROM SUPPOSED DOUBLE BLADDER. BY M. EHRLICH.*

A MAN, æt. 50, who had suffered for ten years from attacks of retention of urine, consulted M. Ehrlich on the 28th of September. He complained of being harassed with a prolapsus of the rectum, since the appearance of which the difficulty of passing his water had increased, and now flowed only *guttatim*, with insupportable

pain: the bladder was full, hard, and prominent above the pubes; the anus encircled with hæmorrhoidal tumors; the cervix vesicæ swollen, but the prostate apparently healthy. The urine that was voided was so dark as to look like beer. The patient denied having ever been affected with a venereal complaint. Warm baths, demulcents, leeches to the perineum, &c., were prescribed by our author, but the patient refused to permit the introduction of the catheter. Other means were adopted, amongst the rest quinine and the tincture of the muriate of iron, but the symptoms became more severe, and on the 6th of October the catheter was introduced, with considerable difficulty and violent pain to the patient. Upwards of three pints of urine mixed with mucus were drawn off, yet still the desire of micturition continued. No calculus, nor anything like one, was discovered; the extreme irritability of the individual prevented the instrument's being left in the bladder.

No more urine flowed till the 9th, when our author made many ineffectual attempts to re-introduce the instrument. On examination per anum, the bladder was felt in the left side of the pelvis, with its cervix directed towards the right. The patient being constrained to use the close-stool, made violent attempts at micturition, which ended in the expulsion of a few ounces of urine, and prolapse of the rectum to the extent of four inches. M. Ehrlich instantly reduced the latter, and succeeded in passing an instrument and abstracting more than four pints of urine. The desire of voiding more continuing, the

* Journ. Complémentaire, No. 36.

operator suspected that some accessory pouch might exist, and succeeded in forcing the instrument, which was fourteen inches long, into a narrow passage of which he could not reach the termination, and from which about two pints of fetid urine issued. Relief was now experienced,—the instrument was introduced daily with facility till the 16th, and all seemed to promise well. From this time till the 25th, M. Ehrlich was prevented from attending, and his substitutes in the interim had failed in carrying the catheter farther than the neck of the bladder, whilst the patient suffered from considerable hemorrhages from the rectum and urethra. He was now in a pitiable state, the symptoms being low and typhoid, the testicles swollen, the penis gangrenous, and the rectum prolapsed and livid. Our author punctured the bladder from the rectum, when six pints of altered bloody urine flowed out, and the prolapsus recti was reduced. The patient rallied in some degree, but the canula giving rise to great irritation, was removed; the difficulty of making water returned, and, on the 28th, the operation of puncturing the rectum was repeated, after which the catheter was retained in its place for two days.

The unfavorable symptoms subsided, and, on the 3d of November, our author attempted to re-introduce the catheter. At first it penetrated, with some resistance, into an opening, but nothing issued, and then, by manipulation, it was directed into the bladder, and two pints of urine obtained. On passing two fingers into the rectum, a tumor like a full bladder was felt in the left side of

the pelvis; on which our author was convinced that this really was a supernumerary bladder,—succeeded in getting a catheter to enter it, and evacuated three pints of urine. On injecting a bland fluid, he felt this second reservoir become distended, which confirmed him in his opinion of its nature. For seven weeks it was necessary to perform the painful and difficult operation of catheterism for this unfortunate patient, but his career was drawing fast to a close. On the 22d of December he was seized with a rigor; peripneumony followed, and on the 10th of January he died.

Sectio Cadaveris.—In the left side of the pelvis, between the rectum and ordinary bladder, was a membranous sac, equalling the latter in size, and closely united to it. The natural bladder, which we shall call the *anterior* one, was of its usual form, and in contact, by its posterior surface, with the unnatural, or *posterior* bladder, which was more rounded. The peritoneum was in exact contact with the posterior wall of both bladders: the anterior and external wall of the posterior bladder was united by cellular tissue to the left side of the pelvis. The right ureter terminated in the usual way; the left passed along the posterior and external surface of the second bladder, was much dilated at its point of contact with it, and passed on to the fundus of the true bladder, behind the left spermatic cord and before the right. The left vesicula seminalis was closely united by cellular tissue to that of the second bladder. The prostate was only connected with the first; the veins of the plexus of the rectum

and of the bladder were very much dilated.

The long muscular fibres which extend from the apex to the fundus of the bladder, were limited to the anterior one only. The posterior bladder was provided with circular and vertical muscular fasciculi, strongest at the junction of the two reservoirs. The muscular coat of the anterior bladder was three lines in thickness, so strong as to look like the columnæ carneæ of the heart, and, like them, leaving intervals between its fasciculi of fibres. The mucous membrane was not thickened. In the posterior wall of the first bladder was an aperture three lines in diameter, opening into the second. The parts around the aperture constituted the partition between the two, the parietes of which were closely and almost inseparably united.

M. Ehrlich looks on this as a satisfactory instance of a congenitally double bladder. We confess that the particulars do by no

means carry conviction to our mind, but lead us to believe that the second reservoir was rather one of those exaggerated pouches from the bladder, which occasionally protrude, like herniæ or staphylomata, between the packets of muscular fasciculi. Many reasons, which will occur to the reflecting reader of the case, induce us to hold this opinion as being the more probable explanation of the facts. We do not readily perceive how this pouch, or second bladder, be it which it may, gave rise to retention of urine. There might be a difficulty experienced in expelling its own contents, but why, or in what manner, should it operate in preventing the natural bladder, with a morbidly increased muscular power, from forcing the urine in the latter through the urethra? Surely there must have been some obstruction in the latter, and if such there was, we must look to it for the *fons et origo mali*!

BOSTON, TUESDAY, JULY 13, 1830.

ASPHYXIA FROM BURNING CHARCOAL.

WE mentioned, some weeks since, the results which had been obtained from several experiments in regard to the effect of oxygen gas when respired by animals. We have now before us an observation on the effects of carbonic acid, made by a medical gentleman accidentally submitted to its influence, which is certainly curious, and, if confirmed, may prove of some practical importance. This gentleman, a M. Ballot, of Paris,

states that, in January last, he was called to see a patient with fractured thigh. He found him in a small apartment which contained no fireplace, the weather at the time being severely cold. A brazier of coals was ordered, and placed in the centre of the room. The setting and bandaging of the limb proved difficult and tedious, employing the surgeon for two hours, during which time he was mostly in a stooping posture. Toward its conclusion he felt some headach, but not sufficient to induce

him to accelerate his operation, or to lead him to suspect the cause. In passing from the room through the entries, he experienced no distinct sensation beyond the continuance of the headach; but immediately on gaining the fresh air, a most distressing feeling of suffocation occurred, accompanied with a sense of violent weight on the chest, which together produced the most exquisite suffering. Sinking down upon the door-stone, he remained there without the power to make a movement, feeling, as he describes it, as if fastened to his seat. In a few moments, however, he began to breathe more freely, and, at the end of six minutes, nothing remained but the headach.

The obvious inference from the above facts would be, that the violent symptoms resulted from the sudden stimulus of pure air applied to the lungs, which had just been inhaling a noxious atmosphere. As an additional proof that this was the case, it is mentioned that neither the attendants, nor the patient himself, suffered materially from the gas; the latter, though his head lay so low, having only headach and slight embarrassment in breathing. There is this difficulty, indeed, in the explanation suggested,—that the change from the air of the house to that of the street could hardly have been greater than that which was experienced on leaving the room for the entry, and there should have been, according to theory, a progressive increase of the symptoms from the moment of leaving the room to that of gaining the outward air. In support of his views, however, the au-

thor cites another case, in which an individual, partially recovered from asphyxia, was nearly brought back into this state by being conveyed from the place where he was accidentally at the time, to his own house. As a conclusion from these facts, M. Ballot thinks himself justified in recommending that persons suffering from the inhalations of carbonic acid should not at once be carried into a pure atmosphere, but that restoration should be effected by the gradual admission of fresh air into the same apartment. In extreme cases, however, in which exposure to the morbid influence has been long continued, and apparent death is produced, he admits that, at the commencement of the treatment, pure air may be a necessary stimulus.

NEW MODE OF INOCULATION.

DURING the last year, a practitioner residing in Finisterre, one of the western departments of France, presented to the Royal Academy an account of some occurrences in that province which went to support the idea of the identity of vaccinia with smallpox. This distinguished body deemed the subject of so much importance as to depute one of its members, M. Bousquet, to examine particularly whether any, and what grounds, existed for such an opinion. The report made by this individual, and which was published in the *Revue Medicale* for February last, is drawn up with so much care, impartiality and good sense, that we shall offer no apology to our readers for presenting them an abstract of it. In the year 1826, the smallpox

broke out at Saint Pol, in Finisterre, and raged with so much fury that in five months 285 persons, out of a population of 6225, fell victims to the disease. About the period of its commencement, Guillou, a physician of the place, found himself, notwithstanding his utmost efforts, unable to meet the demands which were made on him for vaccine matter. Unwilling to increase the danger of his patients by the slightest delay, yet averse to variolous inoculation, he determined, as the best expedient that offered itself, to make use of the matter afforded by the varioloid eruption, which was at that time very prevalent. Accordingly, matter taken from a varioloid patient about 15 years of age, was inserted in the arm of a child. On examining the situation of the puncture at the end of a week, he found, with some surprise, a perfect vaccine vesicle, having the appearance usually presented by that disease on the eighth day. Anxious to pursue the investigation, he took virus from this vesicle, which he inserted into a considerable number of patients. All of these, as well as the first, had a disease perfectly resembling the vaccine. Delighted with his success, Guillou proceeded with his new inoculation, using, indifferently, matter derived directly from the varioloid cases, or that from those in whom the primary virus had been inserted. At the period of his communication to the Society, six hundred patients had been inoculated in this manner. In by far the greatest proportion of these, nothing had been observed except the regular progress of the vesicles, which cor-

responded in number to that of the punctures. In a few, however, some pimples were observed in the intervals, and these were attended with some fever.

Now it is this resemblance of the disease produced by varioloid inoculation to true vaccinia, which M. Guillou claims as his discovery, and as not having been noticed by any previous observer. It appears, however, that a similar observation has been repeatedly made with regard to the primary pustule of the inoculated smallpox. This was even remarked to be the case by Jenner; who acknowledges the resemblance to be so striking during the first week, that it is difficult to make the distinction; and adds with regard to the further progress of the two, that they differ only in this circumstance, that the vaccine vesicle, throughout its whole course, contains a limpid fluid; a statement evidently erroneous, and which sufficiently proves the difficulty he must have experienced in assigning any obvious ground of distinction.

Here, however, the resemblance between inoculated variola and vaccinia terminates. In the latter, the eruption is limited to the seat of the original puncture; or, if a few papulæ appear on other parts of the surface, their progress is not marked by any increase of the febrile symptoms. On the other hand, it is well known that at a definite period after the variolous inoculation, generally about the eighth day, there appears a more or less extensive eruption, differing in aspect from the primary pustule, preceded by fever, and presenting

many of the characters of true variola.

It appears, then, that neither in the variolous nor the varioloid inoculation, is the eruption always limited to the seat of puncture. There are also facts which go to show, that were the variolous inoculation extensively practised, the proportion of the cases in which the secondary eruption would occur, would prove much smaller than formerly. These facts have been made known by accidents similar to those which have brought to light the discoveries of M. Guillon. About five years previous to the experiments of the latter, a peasant near Perigueux, during the prevalence of smallpox, was induced to inoculate one of his children with the virus. The symptoms produced were so extremely mild, that he was led to repeat the operation on several others,—fifteen of whom presented no eruption, except what appeared at the points of puncture. In the others there occurred, along with fever, the usual variolous eruption.

Boucher, a physician of Versailles, inoculated with variolous matter seven children, whose parents were unwilling to have them vaccinated. In only one of these was the inoculation followed by fever or by any general eruption.

But the most conclusive fact on this subject remains to be stated. Dugat, a practitioner in Orange, acquainted with the statements of M. Guillon, inoculated twenty-three individuals with the variolous virus, with the express view of ascertaining the character of the eruption. In

all these the local *bouton* was vacciform, but in several cases there occurred, besides, a true variolous eruption with the usual symptoms. Twenty-one patients were then inoculated with varioloid, and the results were almost precisely similar. An eruption appeared in several of these cases, the variolous character of which was too obvious to be mistaken.

On the whole, then, it does not appear, from the above facts, that either variola or varioloid, either natural or inoculated, can be considered identical with vaccinia. Whether the late curious experiment of inoculating the cow goes any farther toward settling this important matter, our readers can determine. The mildness of inoculated variola, as shown above, though a fact well worthy of consideration, will not, even should it be confirmed in its full extent, at all diminish the importance of vaccination. The great argument of the advocates of cowpox for this process has been, and still is, that it can be propagated only by inoculation,—that the individual suffering under it is incapable of giving any serious disease to others; and so long as this advantage remains unimpaired, there seems little danger of its being displaced, even by its ancient and once formidable rival.

HEALTH OF THE CITY.

OUR bills of mortality for the last two weeks furnish the best comment on the health of our city. Other signs, however, are not wanting. Our horses are growing too fat, although in the midst of summer. We

can walk leisurely every day with our wives and children, and meet each other at every corner with expressions of joy that we may indulge, without neglecting our patients, in such pleasant and healthful recreations.—Dr. A and Dr. B have gone to pass a week at Nahant; Dr. C left town about a fortnight ago for the Springs, with a delightful party—to be gone a month; Dr. D passed the whole of June at Sandwich, in his favorite sport, which, by the way, he has not had an opportunity to indulge in, these ten years; and Drs. E, F, and G, are testing the speed of the several steamers which ply to the neighboring villages, and are trying on *themselves*—the true way of experimenting—the effects of a vapor bath medicated with the all-potent and fashionable Chloride of Soda. Indeed, such leisure seems to be ours as rarely falls to the lot of the Faculty in a populous city.

The causes of this measure of health are evident. The weather has been unusually cool, and the earth, instead of being parched, has been almost uninterruptedly moist, by frequent and abundant rains. These circumstances have operated in various ways to promote the salubrity of the season. Fruits are abundant, but their spirit not being exhausted by long exposure to a burning sun, they are refreshing and innocent. The vital energies of the system have also not been melted down, nor the tone of the digestive organs impaired, by oppressive and protracted heat, nor have our eyes and mouths and lungs been annoyed by the usual quantity of

dust. The degree in which we are spared this annoyance is remarkable. In our vicinity, the shrubs even at the road side, which are usually whitened, throughout the summer, by the clouds of dust constantly passing over them, have now all the verdure and freshness of the distant forest; and it is this circumstance which contributes much to that surpassing beauty and luxuriance of the neighboring country, which for the last two months has been the subject of conversation, and the scene of enjoyment to most of our citizens and neighbors. At home we experience too the blessing of this peculiarity of the present season. There is no bustling about, a dozen times aday, to brush the obtruding particles from the chairs and tables, the mantel pieces and window seats—no scolding of domestics for half doing this service—no closing all the blinds, windows and shutters, to prevent the necessity of its too frequent repetition—and no groping about in darkness, thrusting the groin or hip against the corner of a table, bruising the shins against a misplaced chair, striking the instep against a rocker, and such like disturbers of the temper, and provocatives to imprudent exclamation;—all is light and airy, all is peace, tranquillity and enjoyment: these things contribute essentially to health.

Although this is but a cursory notice of our present immunity from disease, we ought not to pass over in silence the judicious measures which have been habitually adopted by our municipal authorities, to remove every source of infection and

promote the cleanliness of the city. About seventeen thousand dollars have been expended the past year for purposes connected with the health of the inhabitants ; and we annex, as not altogether useless or uninteresting, some of the items of this expenditure. They are as follows :—

Internal Health Department ;—including sweeping the Streets, and removing House Dirt and other nuisances.

Paid for labor in collecting and carrying off the house offal and other nuisances	\$ 5,067 60
For labor in sweeping the streets and removing the street dirt	3,791 24
For grain, hay and straw, used at the city stables	1,522 05
For tools, iron, steel, coal, and various small articles, for the city stables and the blacksmith's shop	690 83
For services of the Superintendent of the city teams and stables	600 00
For repairs of wagons, carts and harnesses	322 71
	<hr/>
	11,994 43

External Health Department ;—Expenses of the Quarantine Establishment, except Salaries.

Paid for services of boatman employed in the department	\$ 423 23
For repairs and supplies of the quarantine boat	239 61
For repairs of buildings and fences on Rainsford Island	225 02
For new sails for the boat	160 00
Paid on account of the erection of a cottage on Rainsford Island, for the use of the resident Physician	100 00
Paid for trees for the Island, medicines for the Hospital, &c.	47 15
	<hr/>
	1,195 01

To this we must add the following salaries and extra work :—

Samuel H. Hewes, Superintendent of Burial Grounds, one year	\$ 900 00
Jerome V. C. Smith, Resident Physician at Hospital Island, one year	1,000 00
John Oliver, Keeper of Hospital Island, one year	350 00
Benjamin Pollard, City Marshal, one year	1,000 00
	<hr/>
	3,850 00
For work done by the Health Department, for the County	\$ 403 44
Paid for cleansing the Mill Creek, and removing nuisances therefrom	\$ 94 50
	<hr/>
	\$ 497 94
	<hr/>
Total	\$ 17,537 38

CASES OF POISON.

THREE women in Sea Street were very violently affected, last week, in consequence of having eaten a quantity of the *Mercurialis Perennis*, or Dog's Mercury,—a plant they had mistaken for the annual species of the *Mercurialis*, which is not an uncommon pot herb in the sweet isle of their nativity. The plant grows in abundance in yards and under fences in towns and villages, and was found by them round the door of their habitation, and eagerly gathered and cooked and eaten, as a favorite and accustomed green. In about half an hour, its deleterious effects began to show themselves by an excessive cerebral excitement ; they became shortly delirious, and comatose ; the pupils were perfectly dilated, breathing stertorous, and, but for immediate large and repeated doses of sulphate of zinc, and its successful operation, they must have fallen victims to their error. The usual remedies for narcotic poisons were applied diligently, and all of them are in fair way of recovery.

In Ray's Synopsis is an account of a man, his wife and three children, who experienced like deleterious effects from having eaten the perennial species of the Mercury fried with bacon. This relation is given in detail by Sir Hans Sloane. Mr. Miller, also, author of the celebrated Gardener's Dictionary, refers to several cases of persons who had been poisoned by eating this plant in the spring boiled for greens, in the same way as it was taken by the patients we saw in Sea Street. As it is not at all uncommon about our houses

and yards, it is well all should be apprised of its poisonous nature. A botanical description of the plant may be seen in Miller's dictionary, and specimens of it may be found growing at 31 Sea Street, where the children will run in dozens to show it to the inquiring stranger.

Stramonium is found growing in the same yard, and it is doubted by many whether this was not the plant eaten by the persons alluded to. The women who gathered it are themselves uncertain on this point; and as they are evidently unskilled in botanical distinctions, it is altogether probable some of the stramonium might have been taken with the mercurialis. That it was not wholly the former, seems evident from the circumstances of the case, as well as the recovery of the patients, since two of them partook of it most unsparingly; and such enormous quantities of stramonium, after remaining an hour undisturbed in the stomach, must inevitably have destroyed life.

Hydrocyanic Acid in the Human Body.—It is well known that hydrocyanic acid exists in many vegetables; that it is contained in the essential oil of the laurel, bitter almond, &c. It yet remains to be positively determined whether the animal body also

contains this principle, either in a state of health or disease. From some experiments, which are still imperfect, it would appear that this fact is not improbable. Many observers have declared that they have detected this acid in the organic structure of some of the inferior animals; and Tiedemann and Gmelin have discovered it in the saliva of a man, and in that of a sheep. Woehler also concludes from his experiments, that urea is composed of a cyanate of ammonia.—*Lon. M. & P.*

Gestation prolonged beyond the ninth Month.—Dr. Albert, of Wiesentheid, has published in the *Zeitschrift für die Staatsarzneikunde*, iii. tes 1828, an account of two cases of this kind. In one, gestation was prolonged 43, and in the other 33, days beyond the ordinary period.

Anatomical Dissection.—By a law recently passed by the Legislature of Connecticut, the unclaimed bodies of convicts who die in the State Prison are to be given up for anatomical dissection. Thus has Connecticut the credit of leading the way in this enlightened and honorable course.

Too many Irons in the Fire.—The late eminent and indefatigable Dr. E. D. Clarke said to a friend—"I have lived to know that the great secret of human happiness is this:—Never suffer your energies to stagnate. The old adage of 'Too many irons in the fire,' conveys an abominable lie. You cannot have too many; poker, tongs, and all—keep them all going."

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JUNE 24.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
June 18.	F.	17 mo	lung fever	21.	F.	7 1-2	croup
19.	F.	1 day			M.	35	unknown
	F.	1 1-2y	lung fever		F.	56	palsy
	F.	50	unknown	22.	F.	29	consumption
20.	M.	50	consumption	23.	M.	6	drowned
	M.	24	typhous fever	24.	M.	71	apoplexy
	M.	9	liver complaint		M.	3 w	hooping cough
	F.	78	old age		F.	39 yrs	consumption
	F.	11 mo	lung fever				

Males, 7,—Females, 10. Total, 17.

ADVERTISEMENTS.

MEDICAL TUITION.

THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructors best calculated to aid the progress of their pupils. In practical Anatomy, they will avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

Terms, 100 dollars for a year; 75 dollars for six months; and 50 dollars for a quarter;—payments to be made in advance. Application may be made to Dr. HALE, No. 14 West Street.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26.

6t.—July 13.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

July 6.

12t.

HENNEN'S MIL. SURGERY.

THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen. July 13.

EUROPEAN LEECHES.

A SMALL lot of remarkably fine Leeches, having been kept over the winter, and never used, are offered by retail by

R. A. NEWELL,
Druggist, Summer Street.

Leeches sent to any part of the city and applied without any extra charge.

June 15.

3t

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JULY 20, 1830.

[No. 23.]

I.

CASE OF SUBCLAVIAN ANEURISM, WITH OBSERVATIONS.

MR. EARLE has published the following interesting history in a late London periodical, and we hope it may be acceptable to the readers of this Journal also.

Thomas Briggs, aged 54, by trade an iron-plate worker, was admitted into St. Bartholomew's Hospital, on the 25th of March, with a pulsating tumor, situated immediately below the left clavicle. He stated that it had been gradually increasing for about ten months. On a careful examination, there was reason to suspect that the tumor was caused by an aneurism of the subclavian artery at the part where it passes beneath the clavicle. The tumor was of the size of one half of a large orange. The lower margin of the tumor was firm, and no pulsation could be felt at this part, nor when examined from the axilla beneath the edge of the pectoral muscle: at the upper part the tumor was softer, and pulsation was very distinct. No additional evidence was afforded by an examination with the stethoscope. The pulsation in the radial and humeral arteries *was as strong as on the healthy side*. This circumstance, added to the firmness of the greater part of the tumor, induced me to

entertain hopes that a spontaneous cure, by obliteration of the aneurismal pouch, might be effected without the current of blood in the direct course of the artery being arrested. On looking to Mr. Hodgson's and other practical works for information on this subject, I could not find any recorded instance of such an occurrence in a vessel of this order, although there exist many dissections proving the possibility of such a termination in vessels of a larger calibre, and in some cases of spurious aneurism from punctures of the artery at the bend of the elbow. Entertaining this view of the subject, I was induced to delay performing the operation, which would have been doubly hazardous in the very deranged state of the patient's health, who suffered much from pain in the region of the stomach and liver, accompanied with frequent vomiting. His complexion was very sallow, his skin bedewed with a clammy sweat, and his tongue was much coated, and morbidly red at the tip. All these circumstances combined, warranted the delay which took place, the tumor being accurately measured from day to day with a gauge made of pasteboard. The treatment pursued consisted in repeated moderate bleedings from the arm; the frequent application of leeches to the pit of the stomach, from

which he derived marked alleviation of pain; very low diet; and saline medicines. He took, also, for two days, the tincture of digitalis; but this disordered his stomach so much that it was discontinued.

As he complained of heat and pain in the tumor, extending down the arm, he was directed to keep pounded ice in a bladder upon the tumor. From this he derived great relief, and although it was applied night and day, the integuments did not suffer. Under this treatment his general health improved, the tenderness of the stomach diminished, and the tumor remained stationary as to size, and the pulsation became less distinct. The pulsation of the artery beyond the tumor remained free and undiminished. Such was the state of the case on Saturday the 10th of April, when I called a consultation with my colleagues to decide on the propriety of operating, or persevering in the attempt to favor spontaneous cure. I submitted to them all the circumstances of the case, and particularly directed their attention to the fact of the undiminished strength in the pulsation of the artery beyond the tumor, which I was led to consider as favorable to the supposition of the pouch occupying only one side of the artery, and consequently receiving but a slight impulse from the circulation, whilst the bulk of the circulating blood passed on in a direct course to the artery below. My argument was founded on having repeatedly observed that the circulation in an artery below an aneurismal sac was much more feeble than in the opposite healthy limb, and on the belief that if a certain portion of the vis a tergo was expended in transitu through

the sac, the force in the circulation beyond it must necessarily be diminished. The prevailing opinion was, however, opposed to this; and the very circumstance of the force of the circulation below, was considered as proving the free ingress of blood into the sac, and consequently the slight probability of any spontaneous cure. It was further urged that there were no recorded instances of obliteration of the pouch without impeding the flow of blood through the artery, in a vessel of the order of the subclavian. The patient was now in a more favorable state for operation than when he was admitted, and it was possible that, by a further delay, the tumor might increase, and the clavicle be more raised, which would increase the difficulty of the operation. Of this latter circumstance I was fully aware, and, as I had no facts to adduce in support of my argument, I yielded to the opinion of the majority, and resolved to perform the operation without further delay. Up to this time the patient had been kept in ignorance of the probability of any operation being necessary, from my wish to keep his mind and body in that state of tranquillity so essential to promote the efforts of nature. A gentleman incautiously mentioned the operation within his hearing, without any preparation, which excited him greatly, and he rose from his bed in great agitation, and could with difficulty be restrained from quitting the house. I explained the nature of the operation to him, and the necessity for performing it, and gradually tranquillized him; but he was not in a fit state to have the operation performed on that day.

On examining the tumor on the 13th, it appeared to me that it was

increasing in a direction beneath the clavicle, although the gauge showed a slight diminution in the more prominent part below. The following day was consequently fixed on for the operation, which was performed in the following manner :—The patient was placed on a table, with the head and shoulders slightly elevated. An incision was made through the integuments and platysma myoides, about four inches and a half in length, along the upper edge of the clavicle. It was necessary to divide a considerable vein which crossed the wound and entered the jugular: a ligature was passed round this, and the dissection was cautiously proceeded with, in doing which I was materially assisted by having a small knife shaped like a cornea knife, only so blunt as not to cut, although it separated the firm cellular tissue more easily and with less violence, than an eyed probe or the handle of a scalpel, which are commonly employed for this purpose. On introducing my finger into the wound, I could distinctly feel the beating of the aneurismal tumor, which had raised the clavicle considerably from the first rib, although the shoulder was not much elevated.

Having felt the tubercle of the first rib and the edge of the scale-nus, my fingers detected a pulsating cord in the situation of the artery, under which I passed an unarmed silver needle without any difficulty. On examining this cord under which I had passed the needle, I distinctly felt the pulsation as strong as before; but on compressing it on the needle, the pulse at the wrist was not arrested, and the man complained of a pain at the inner side of his elbow. It became apparent that I had sur-

rounded the ulnar nerve, and not the artery which was situated immediately below it, and communicated its pulsation to the nerve even through the needle which was interposed. Previously to withdrawing the needle, I armed it with a silk, and requested Mr. Stanley to draw the nerve gently upwards and outwards. By this expedient, with a little more dissection, I fairly exposed the naked artery, and readily passed the same needle round it; and, on compressing it, the pulse at the wrist was immediately arrested. The needle was then armed with a silk ligature, and the artery was tied. One end of the ligature was left hanging from the wound, which was closed with adhesive plaster. At the time when the nerve was drawn aside, the patient complained of pain in the elbow, which soon ceased after the operation. The bulk of the tumor was very slightly diminished by pressure immediately after the operation, and the contents of the sac felt very firm. Very little bleeding took place during the operation, and the only difficulty arose from the depth of the artery, and the very deceptive feel communicated to the finger through the nerve which was situated immediately over the artery. It was remarkable that the pulsation was less strong when the artery was quite denuded, than when felt through the medium of the nerve. This shows the importance of proceeding with great caution in this operation, when the touch, and not the sight, must often guide us; as I felt quite confident that I had surrounded the artery in the first attempt to pass the needle, but was soon convinced of my error by failing to arrest the pulse at the wrist when the nerv-

ous trunk was gently compressed upon the needle. I employed an unarmed needle in this case, which I always prefer, from the greater facility with which it can be passed than when armed,—the wet silk often affording a considerable *obstacle*, and deceiving the operator as to the degree of resistance he meets with in passing the needle.

The operation was performed at one o'clock; at two, he complained of pain and numbness in the whole arm, the temperature of which was gradually diminished down to the fingers, which felt very cold. The arm was enveloped in soft flannel. At half past three, a very slight pulsation was felt at the wrist, which was lost on the slightest pressure. I visited him at 8, P. M., and found his face flushed, and he complained of pain in his head. His respiration was unembarrassed, and the pain in the elbow and arm was diminished. Twelve leeches were ordered to be applied to his temples, and the bleeding encouraged with warm flannels. The leeches afforded much relief, and he had some sleep during the night. The following morning there was some return of pain in the head and general excitement, which was relieved by purging with saline purgatives. He had some hours tranquil sleep; but on my visiting him at one, P. M., the flushing of the countenance and forcible beating of the carotids determined me to take more blood from the head; accordingly the temporal artery was opened, and xxvi. of blood were taken away, which afforded him great relief. During the state of excitement he complained of great heat in the left arm, but

the temperature, on examination, was not higher than that of the opposite limb. From this time he went on very favorably, until the following Monday, when I found him very ill. He had experienced a severe rigor, which was followed by much heat and fever. His pulse was strong and frequent, tongue very loaded, and countenance flushed; and he felt assured that he should die. He was bled to the extent of twenty ounces, and a full dose of calomel and opium given, and the strictest quiet enjoined. I now learnt the cause of this excitement from another patient, who had been operated on for a popliteal aneurism on the right side, having undergone a similar operation, under my care, five years before, for the same disease on the left side. He stated to me, that it was impossible for Briggs to do well; for the moment my back was turned, he was cursing and swearing at the nurse and every person who came near him. He was a very thankless, morose fellow, and was perpetually exciting himself and quarrelling about trifles. He was much subdued by the bleeding and other remedies, and I took the opportunity to talk very seriously to him, and to represent to him the exact situation in which he was placed; that, literally speaking, his life hung by a thread, and that he might be summoned to give an account of himself in a moment, if he gave way to such intemperate conduct. From this time he continued to go on more favorably. He was very low spirited, sullen, and silent, but nothing sinister occurred. The ligature came away in a bread poultice on the sixteenth day. Since that time the wound has

slowly granulated, but it still discharges rather copiously, and his health is still much impaired. His pulse is regular, he has no embarrassment in breathing, and he takes his food with appetite; but he has a very unhealthy, desponding appearance. I hope, in a few days, to be able to remove him into the country, which I trust will reëstablish his health. I have delayed sending any account of the case until the present time, being anxious to report him quite convalescent. As, however, the operation may be considered to have been perfectly successful, I am unwilling to delay any longer communicating the case to the public, more particularly as this is the first instance in which this artery has been successfully tied in St. Bartholomew's. Should any circumstances of importance in the future progress of the case occur, I shall not fail to communicate them.

II.

FUNGUS HEMATODES IN THE STOMACH AND LIVER.

THE following remarkable case has been reported to the profession by a Scotch surgeon, as having been treated at one of the Dispensaries in Glasgow.

November 17th, 1829. Eliza Maguire, æt. 50 years, has been affected for some months past with frequent attacks of pain in the stomach and abdomen, resembling colic, sometimes attended with vomiting of blood. Appetite very unequal—at intervals so craving, that nothing seemed to be too nauseous for her stomach, and exciting the *greatest impatience* for food, so much so

that she would frequently (to use the expressions of her relatives) “snatch the meat from the vessel in which it was preparing, even before it was fit for use;” bowels generally costive; tongue foul, and an unpleasant taste continually in her mouth; skin cool and soft; strength tolerably good; countenance pale, but not much emaciated; no cough or dyspnoea; sleeps well; spirits very good; is not apprehensive of danger. She has three tumors in the epigastric region, each about the size of a small apple, perceptible to the view as well as to the touch—hard, apparently lobulated, as if composed of smaller tubercles, united into one large tumor. They are moveable to a certain extent, and not painful when subjected to tolerable strong pressure.

States that, some months ago, she passed two tape worms of considerable size; that her mother died of two tumors in the abdomen; that her brother nearly lost his life about two years ago from a severe attack of hæmatemesis, and that she lost a daughter from the same cause. Her husband has been dead many years—she has had four children.

Nov. 18th. Pulse natural; tongue white; bowels confined; no pain of abdomen on pressure; total disinclination for food; no thirst; spirits good.

R. Pilul. Rhei c. grana x.

— Hyd. gr. x.

Ox. Bismuthi, ʒj. M. ft. pilul
no. viij. una. ter de diesumenda.

19th. States that she feels somewhat better to-day; slept well last night; bowels affected by medicine twice; stools dark-colored; anorexia continues;

pulse natural ; spirits very good. Lumps unaltered. Cont. medica-
menta.

21st. Continues to improve ; tumors apparently softer, and one somewhat reduced in size ; bowels moved regularly each day ; pulse natural ; tongue much cleaner ; appetite better ; she is very anxious to have some broth, which was permitted. Cont. med.

R. Hydriod. Potassæ, ʒij.

Ung. Hyd. ʒss.

Liq. Potass. gutt. x.

Ung. Simpl. ʒjss. M. ft. un-
guentum ; cujus ʒj. super tu-
mores illinetur, nocte maneq.

From this time until the 26th, she did not experience any material alteration in her symptoms. The tumors became softer—one altogether had disappeared ; the bowels were free, and the stools became each day more dark, as if mixed with grumous blood. On the 26th, she expressed considerable anxiety about the state of her stomach, which she described to be full and distended ; bowels in the same state, tongue not so clean ; not any perceptible change in the feel or appearance of the abdomen to pressure, except to the lumps, which appeared more moveable, and admitted the interposition of the fingers when much pressed. Omitt. medic.

I was sent for in great haste this evening about 7 o'clock, having been told that she was dying. When I entered her room, a great part of the floor was covered with blood and pus, as if discharged from an extensive abscess ; a small bowl full of blood also lay beside her bed. She was considerably agitated—strength much reduced—pulse 130, small and weak—her voice far from strong,

but her articulations quite distinct—abdomen and tumors unaltered—bowels had been freed a short time before the discharge from her stomach ; but there was no unusual appearance in her stools.

Ordered a restorative draught of water of ammonia, tinct. rhei. and camphor mixture, also a solution of muriate of soda in water having been recommended by a friend, no objection was made, and she was directed to take a table-spoonful every two hours.

27th. She was much revived by the draught ; no return of the vomiting since ; pulse 120, stronger ; bowels freed twice since—passed much blood. Tongue furred and loaded ; thirst considerable ; total loss of appetite ; tumors in the same state ; not painful to pressure when not severe ; spirits somewhat revived. Is apprehensive of a return of the hæmorrhage ; countenance composed.

28th. Continues in the same state ; no return of vomiting ; bowels free ; stools dark ; pulse 120, small ; tongue white ; skin soft ; spirits good ; no pain. To resume the medicines.

29th. Complains of great fullness of the stomach, a frequent sensation of something rising in her throat, which she kept down by as frequently swallowing it again ; bowels free ; stools the same ; tongue white ; pulse 120 ; tumors in the same state. Continuatur medicam.

This evening she had a return of the hæmatemesis, from which she felt greatly exhausted ; extremities cold ; still free from pain. Endeavored to restrain the flow of blood by swallowing it as it came to her mouth. About 10 o'clock a repetition of the hæmor-

rhage ensued, and in a violent exertion to discharge her stomach she expired.

Sectio Cadaveris. External characters :—Countenance calm ; extremities not much emaciated ; abdomen much swollen, but by no means tense ; tumors concealed from the view by the abdominal distention, but very evident to the touch.

Upon cutting into the abdomen, the first appearance which presented itself was a large abscess on the internal surface of the right lobe of the liver, close to its anterior edge. It was filled with a white purulent fluid, resembling thick cream, not exhaling any peculiar odor. On the surface and in the substance of the liver were to be found numerous small tubercles, about the size of a nut, in various states—some hard and chalky, others softer, and many more in a state resembling that first described ; the gall-bladder was thickened in its coats, white in its external appearance, and full of calculi of various sizes ; adhesions were also evident between the liver and surrounding viscera. The spleen somewhat larger than usual. The duodenum and small intestines distended, and containing large quantities of coagulated blood. Mesenteric glands considerably enlarged, and of a pale or rather white appearance.

In the stomach, however, lay concealed the chief cause of her last illness. External to the pyloric orifice there was a small appearance of ulceration, which, however, did not penetrate the coats ; the internal surface was slightly inflamed around the pylorus ; the parts intervening between

that and the cardiac orifice were perfectly sound, if we except the thickening of its coats. Immediately adjoining the cardiac orifice was a large tumor, ulcerated, and of a dark chocolate color ; the first view strikingly resembled fungus hæmatodes deeply ulcerated ; its substance was the same as the tubercles before described, and, when broken between the fingers, gave out a dark-colored watery fluid. Around it were numerous smaller tumors, which gave a tuberculated and thickened feel to that part of the viscus. When washed, the tumor did not lose its dark appearance. The contents of the stomach chiefly consisted of thick clots of blood. The lungs were perfectly healthy, and the heart equally sound in appearance, but rather soft to the touch, or when cut into with the scalpel.

The brain was not examined.

I have been thus minute in the post-mortem description, as I consider that, in diseases of the stomach, the pathology of which is still veiled in such obscurity, whatever may, even in the most remote degree, tend to throw a light upon the nature of these diseases, must be valuable to the profession at large ; and although the case here described may still further prove the inefficacy of medicine in removing the source of suffering, yet much may be learned as to the palliative treatment under similar circumstances in future, from the perusal of cases similar to the present. Had the extract of conium, hyoscyamus, or of opium, been employed, instead of the purgative plan pursued, it is more than probable, that, whatever might have been

her sufferings, she still might have lived to partake of the sorrows or enjoyments of a world to which she had been wedded by an awful, and to her friends a melancholy, attachment.

N. B.—This person never suffered from the jaundice, and she had no symptoms of hepatic disease, any further than such as were connected with the state of her stomach.

III.

NATURE AND TREATMENT OF CHILBLAINS.*

THAT peculiar inflammation of the skin which is called in English *chilblain*, arises, as the name implies, from the action of cold upon the surface of the body, the affected part being *chilled*, or having the temperature reduced: the Latin name is *pernio*. As this is the result of the action of cold, it takes place in those parts of the body in which the circulation is the most feeble, that is to say, in those most remote from the heart—the fingers and toes, the heel, the extremities of the ear, and even of the nose. It also happens most frequently in young subjects, in whom the organization has not yet attained its full vigor, or power of resistance, to external influences. When I say that this arises from the application of cold, you must not understand that it is immediately produced by cold; it is necessary that the temperature of the part should be reduced by the application of cold, and that it should be subsequently heated; that there should

be an alternation of heat and cold: it is in these circumstances that the origin of chilblain is to be found. Indeed, in general we observe that chilblains do not happen during the period of most intense frost; they are more frequent and more troublesome when the temperature begins to be rendered milder by the subsequent thaw. It was observed by Larrey, in the winter campaign of the French in Russia and Poland, that for a few days before, and for a few days after the battle of Wagram, the thermometer was very low, from ten to fifteen degrees below zero—an intense cold; and yet during that time there was no mortification, nor did any other particular suffering about the hands or feet occur. But about two days after the battle a thaw took place, the thermometer rose from eighteen to twenty degrees, and then a great number of cases of mortification of the feet occurred in the army, in some particular divisions that were very much exposed, and nearly all the soldiers suffered more or less.

These circumstances lead us to the modes by which the occurrence of chilblain may be obviated. In the first place, the extreme parts of the body in which there is a liability to have them chilled, should be warmly clothed. In the next place, when any part, such as the hand or foot, has been chilled, it should not be immediately exposed to that high temperature which the feeling of cold inclines persons to wish for at the moment; the hands or feet, for instance, should not be plunged in warm water, nor brought near a fire: on the contrary, means should be taken to restore the

* From Mr. Lawrence's Lecture.

circulation gradually. The principal means of prevention consists in preserving the part from vicissitudes of heat and cold.

The affection which we call chilblain exists in various states—there are, in fact, different degrees of it. In the first, or milder form, we have simple inflammation of the skin—what nosologists call *erythema*, that is, mere redness and vascular congestion, without heat in the part ;—there is, to be sure, connected with this, some degree of effusion into the subjacent texture : thus the part is not only red, but rather swelled. When the affection is very active, we find this is usually so considerable that the motions of the part are impeded. In the fingers, for instance, the whole of them may be so much swelled that the individual can hardly use them in writing, or in his ordinary occupations. There is a great sense of heat, a most troublesome itching and tingling, in conjunction with the redness and swelling ;—these are the early symptoms of chilblain. Now the heat and itching are not constant during the twenty-four hours ; there is generally a particular period, as towards the evening, when the parts become warm, and then the heat and itching are more particularly troublesome.

In the more active state of chilblains, relief of the heat and itching will be produced by cold applications of various kinds ; but as people are possessed with the idea that chilblains are produced by cold, they do not like to use them ; and common experience has established the fact, that applications of a stimulating kind are advantageous, and a great variety of these are popularly

employed. Camphorated spirits, soap liniment, oil of turpentine, strong solutions of salt, and a variety of other stimulating things of that kind, are employed to rub the inflamed part, and with considerable benefit. The most effective application of this kind that I am acquainted with, is one recommended by Mr. Wardrop, in a short paper that he has written on the subject of diseases of the toes and fingers, contained in the fifth volume of the *Medico-Chirurgical Transactions*. It consists of six parts of soap liniment, and one part of tinct. Cantharidis, with which the parts are to be rubbed two or three times in the twenty-four hours ; and this generally removes the troublesome sensation of heat and itching.

In this condition of the chilblain, we do not always find the part of a vivid red, but frequently find that the skin is very livid, of a dull leaden appearance, exhibiting in the color a proof that the capillary circulation is very imperfect. After the inflammation has existed for some time, vesication will occur, and the skin will ulcerate ; and this is the state which, in popular language, is called “broken chilblain.” The cuticle becomes elevated into a livid or brownish vesicle, that is, there is a thin serous fluid, of a livid or brownish color, under it, and when this breaks, the skin is observed to be of a dark or livid hue ; it soon ulcerates, and the ulcer that is thus formed is of an unhealthy, unfavorable appearance, and particularly slow in healing. It has a greyish or brownish ulcerated surface, sometimes with bloody points interspersed, and with livid edges and surface, in which we see merely

the existence of ulcerative absorption, without any attempt at repair. A soft poultice is the best application, in the first instance, to an ulcerated chilblain; and subsequently, in order to promote the restorative action, which is very deficient, you must employ local stimuli; and the two best are, red precipitate in the form of ointment, and nitrate of silver in the state of solution.

There is a third and more serious effect of this kind, in which a part of the skin actually loses its vitality, and is converted into a slough. When a considerable part of the body is exposed to considerable cold, you have this effect—this sloughing extending to the whole of a member. The treatment here falls under the general principles that I mentioned to you in speaking of mortification.

IV.

CASE OF FISTULOUS COMMUNICATION BETWEEN THE VAGINA, BLADDER, AND RECTUM.

By CHARLES BYRNE, M. D., U. S.
Arsenal, near Baltimore.

On the 18th of November, 1826, I was called to visit Mrs. M^YK. in labor with her first child. The waters, I was informed, had been discharged before my arrival. On examination, I found the pelvis well formed. The os uteri had dilated to about the size of half a dollar, the vertex presenting. The woman had enjoyed good health during gestation, the pains were strong, and every symptom seemed to indicate a safe and speedy delivery. The head, however, advanced very slowly, and at the expiration of twenty hours had not entirely

cleared the superior strait. At the end of ten hours more, it was found presenting at the labia externa; but the pains had entirely subsided, and the patient seemed very much exhausted. The case now, for the first time, in my judgment, demanded the interference of art, and I accordingly proceeded to render assistance. By introducing the forefinger of the right hand into the child's mouth, and the other hand behind the occiput, it was extracted with little difficulty. The child was dead, and bore all the marks of severe compression. The bones of the cranium were firmly united, and would not yield to the strongest pressure between the hands,—to which circumstance I must attribute the difficulty of the labor, and the melancholy effects which followed.

After trying every means, for the space of an hour, to promote the expulsion of the placenta, without success, I introduced my hand into the uterus, and found that viscus in the state which has been called the "hourglass contraction." By following the cord, I found that the placenta was attached to the fundus uteri, and was of course confined to the superior division of the hourglass. I had some difficulty and considerable delay in overcoming the contraction, but finally succeeded.

The patient seemed now quite composed, took some nourishment, passed her water *naturally*, and slept well through the night. But next morning it was observed that the feces passed off *involuntarily*. The urine was still subject to the will.

The second day the urine and feces both came away *involuntarily*. These unpleasant effects I

thought might arise from the *temporary* suspension of the powers of sphincters *ani et vesicæ*, caused by the severe compression of the child's head during labor. In every other particular the patient seemed to be doing very well. Her appetite and strength improved. On the four succeeding days, no command over the evacuations. Applied decoctions of various astringent articles over the pelvis, without any benefit.

28th.—The nurse reports that the *feces passed through the vagina* this morning; and, on particular inquiry, I found that the urine came away in such quantity, and so *suddenly*, when the patient rises or changes her position, that I thought it impossible it could come through the urethra, and was therefore unavoidably led to the conclusion that an opening had been formed between the bladder and vagina, as well as between the latter and the rectum. This might be produced, in both instances, by the destruction of the vessels of the parts by the long and severe pressure of the child's head. The feces passed through the natural channel for some time after delivery, which only proves that although the life of the parts was destroyed, the communication had not been fully formed by the sloughing of the dead parts till some time after. On the second day after delivery, the urine passed off in the manner described, or, in the language of the nurse, "*all in one dash*," so that before she could set a vessel under her, "*it was all in the bed*."

Although, from all this, it was impossible to mistake the situation of things, I resolved to satisfy my mind more fully by touching: but, on introducing my fingers into the

vagina, I found it filled with fecal matter, and the parts so inflamed and irritated by the constant passage of the evacuations, that it was impossible to move them in any direction, with a view to make an examination, without putting the patient to great agony; I therefore desisted for the present.

Ever since delivery, the right leg and thigh are occasionally seized with tremors, which shake the whole bed, and are very distressing. She complains of cramps and great weakness in both limbs.

Dec. 4th.—I introduced a catheter, and after drawing off the contents of the bladder, which was very turbid and of a fecal odor, I introduced the forefinger of my right hand into the vagina, just behind the pubis, and, by directing the catheter with the other hand, my finger came in contact with the naked instrument. The opening in the bladder seemed to be considerable. I then secured the catheter in the urethra, by means of tapes fastened round the pelvis, with a view to draw off the urine as it collected, and give an opportunity to the wounded bladder to heal.

12th.—Expressed herself very much relieved by means of the catheter, and was not sensible that any portion of the urine passed through the morbid opening. Part of the feces passed sometimes per anum, but still involuntarily. Her appetite and general health pretty good, but lower extremities very weak.

16th.—Had an ague and fever at night, and several others, at irregular intervals, every succeeding day and night. Appetite bad; great irritability of the sto-

mach ; complains of pains across the breast and abdomen.

The symptoms of constitutional irritation, from the 16th, on which she had the first ague, till the 29th, the day of her death, continued to increase. She first complained of pains in the loins and across the abdomen ; the stomach became irritable, rejecting everything ; the tongue, at first whitish, as the irritation advanced became yellow ; the pulse weak and irregular ; the cheek alternately flushed with a hectic glow and pale as death.

Although, under these circumstances, I was well aware her dissolution was fast approaching,

it occurred sooner than I had anticipated ; in consequence of which, as she had resided at a considerable distance, I lost the opportunity of making a post-mortem examination, which I was very anxious to do, as I considered the case one of great interest.

That her death was caused by the irritation produced by sympathy with the diseased parts, there can be doubt ; and the only light dissection could throw on the subject would be, to show *how far* the sphacelus had proceeded in the parts, and how far, if at all, nature had proceeded in her efforts at restoration.*

* From the Am. Jour. of Med. Sciences.

BOSTON, TUESDAY, JULY 20, 1830.

EFFECT OF CRUDE MERCURY ON THE SYSTEM.

AMONG the various forms in which mercury has been employed as a medicinal agent, it is well known that the pure metal was formerly supposed to be capable of exerting a powerful cathartic influence. This notion, which is now generally viewed as wholly unphilosophical and erroneous, receives, however, some countenance from two cases lately reported by M. Ebers, a practitioner of Breslau in Silesia. A man about sixty years of age, by occupation a gardener, having exchanged his active habits for a more sedentary life, became subject to very troublesome and obstinate constipation, which was with great difficulty relieved by medicine. At length he had an attack of colic so severe as to excite a suspicion that there was invagination

of the intestine. Various cathartic medicines were employed, but no evacuation followed ; and at length the fecal vomiting supervened, with a prostration which menaced him with speedy death. M. Ebers now resolved to try the effect of mercury. One ounce was accordingly given, which produced little effect ; and one hour afterwards, two ounces were administered. The patient now became easier, and slept for about thirty minutes. Soon after, a third dose was given. This produced a rumbling within the bowels, and such excessive pain that the patient could not refrain from crying out. A copious evacuation succeeded, followed in quick succession by many others ; and the case eventually did well. Globules of mercury were visible in great abundance among the feces.—In the second case, a middle-

aged woman, previously in tolerable health, was attacked with colica constipata, which continued in spite of remedies, was followed as before by vomiting of fecal matter, and threatened to terminate fatally. Four ounces of mercury were exhibited at once, which gave some relief. Two hours afterward, two ounces more were given. The patient became gradually free from pain, and obtained some sleep. Half an hour afterwards, free evacuations occurred as before, and the case terminated favorably. In this, as in the other case, intus-susception was suspected, though the symptoms of this occurrence were by no means unequivocal.

PHLEGMASIA DOLENS.

TREVIRANUS, of Heidelberg, who has lately described this singular malady, suggests an explanation of its proximate cause somewhat different from any which has yet been advanced. He supposes that it consists essentially in an inflammation of the cellular tissue, and also of the internal surface of the muscular coats. These surfaces are supposed by him to partake of the character of mucous membrane, so that the disease has considerable analogy with the catarrhal affections which occur in the nares and bronchiæ. This view of the subject is thought by the author to receive confirmation from the suddenness with which phlegmasia occurs, and the rapidity with which it frequently disappears; as well as from the character of the constitutional symptoms by which it is most generally accompanied.

NEW FORMULE.

THERE is certainly a sort of charm in the sight of a prescription. After one has toiled through the tedious details of diagnosis, prognosis, and general treatment, the eye rests on the coming recipe with as much satisfaction as the traveller hails the refreshing fountain in the desert. It adorns a description, as a plate ornaments a book of travels; the observer is tempted to pause and look at the context, from which he might otherwise have turned with indifference or disgust. How delightful would it be to possess a perfect catalogue of diseases with a specific for each! But these infallible remedies, like the revelations of old, are few and far between. The following, for which we have endeavored to manufacture a preface, forms an *anti-catarrhal pectoral paste*, which has been employed with remarkable success.

R. Pulv. gum. arab.
 sac. alb. aa lbij.
 Ext. glycyrrhiz. ʒi.
 opii, gr. xxiv.
 Papav. rub. ʒiv.
 Jujube,
 Dactylis,
 Uvis passis,
 Ficis, aa ʒi.
 Balsam peruv. ʒi.
 Theriacæ, ʒi. M.

As a sequel to the above, we subjoin the following remedy for whooping cough.

R. Pulv. ipec. gr. xij.
 moschi, gr. ij.
 opii, gr. iss.
 sac. alb. ʒi.
 M. fiant pulv. No. vi.

SULPHATE OF QUININE.

THE excessive bitterness of this substance is well known, and it has been remarked that sugar, although added

to a large extent, has very little effect in disguising it. One part of the sulphate, when diffused in one hundred and sixty parts of sugar, remains sensibly bitter. Certain aromatic substances, as valerian, anise, orange peel, &c. have much more effect in neutralising its taste. Sixteen parts of either of these in powder, with one of the sulphate, form a compound by no means disagreeable, and which may be taken without inconvenience. From these observations it will be perceived that the quinine lozenges, for sale by our apothecaries, can have little advantage, in point of taste, over the uncombined salt.

NEW MODE OF GIVING CINCHONA IN
INTERMITTENTS.

DR. RICHTER has communicated, through the medium of a foreign periodical, a new mode of employing this article, by which its certainty and efficacy are very much increased. The modification proposed consists in giving the bark not only in the intervals, but also during the presence of the febrile paroxysms. The effect of this improvement is stated to have been such, that whereas he before met with frequent disappointment in the employment of the medicine, he has not failed since the adoption of this plan to cure every case which has come under his care. The commencing treatment consists in the administration of an emetic, after which a drachm of the powdered bark is given, an hour previous to the expected paroxysm, and repeated both in the cold and hot stages. A fourth dose is given after the paroxysm has ceased, and this, in moderate

cases, is sufficient to complete the cure.

It would be desirable to know whether the previous treatment adopted by Dr. K. makes a part of his new system, or was also practised in his unsuccessful cases. At all events, we should be disposed to infer that part of his success may justly be attributed to the evacuations thus produced. We are inclined to think that intermittent fever depends more frequently upon a morbid state of the digestive system than is generally supposed; and where this is the case, the administration of a medicine capable of acting principally on this system, may of itself be sufficient to break up the disease.

AIR INTRODUCED INTO THE VEINS OF
A COCK.

M. DIEFFENBACH having procured a strong large cock, two years old, with a very thick and large comb, propelled into the jugular vein as much air as he was able at one continued expiration. The animal made a loud noise, and fell dead; its wings and thighs were strongly convulsed. In one second, the comb, which was before of a deep red color, was spotted white and blue. The pulsation of the heart ceased immediately after the introduction of the air; the pupils were much dilated. When small portions of the comb were cut off, a quantity of frothy blood issued from the little wounds. Some of the bubbles adhered to the comb, and several of them acquired the size of a lentil, in consequence of air issuing from the vessels of the part. When the whole of the froth was wiped away, the same phenomenon again occurred, and continued for several hours. The next day the body of the bird was examined. The left cavities of the heart were nearly

empty. The right were full of black coagulated blood. The large veins also full of coagulated, and the arteries of liquid blood. Air could not be detected in any part excepting here and there between the laminæ of mesentery, which were raised up like globular vesicles. The whole of the skin had a spongy feel, probably from air being contained in its minute vessels.—*Jour. Complemen.*

Mechanical Leech.—A mechanic of Brussels has recently invented an ingenious instrument, intended to be used instead of leeches when they are scarce or cannot be procured. It consists of a triangular punch, which makes a wound exactly similar to the bite of a leech. Within this instrument is a small exhausting pump, composed of a sucker placed below the punch, and a little piston also furnished with a sucker. When the piston is raised, the sucker within the cylinder permits the blood drawn to ascend, and when the piston is pushed down, the lower sucker closes, and the blood is thrown from the instrument. By means of this ingenious little apparatus, as much blood may be drawn as is required, and it may be applied upon any diseased part.—*Indus Belge.*

Passage of Iodine into the Blood.—M. Bennerscheidt has published, in the *Archiv. des Apotheker*, a notice of his examination of the blood of an individual who had for a long time employed frictions with iodine ointment. The serum gave no indication of the presence of the iodine, but it was detected in the crassamentum by a slight blue tinge which it

communicated to starch.—*Jour. de Chimie Médicale.*

Anecdote.—A physician, not far from Albany, had an old superstitious lady as a patient. He applied a blistering plaister on the back of her neck, for a disorder in the head. After taking off the dressings from the blister, he threw them carelessly into the fire. "Why, la, Doctor! why did you throw them dressings in the fire? Did thee not know that it would cause my blister to dry up, and make it very sore and painful? I always knew that it would ever since I was a child six years old, and I have seen it tried fifty times or more." "No doubt you have," said the quick-sighted doctor; "but has thee ever seen it have this effect since the large eclipse of the sun, the dark day? Did thee not know that the dark day destroyed this evil?" "Why no, doctor, do thee say so?" "Certainly I do. Now thee'll see if thy blister don't do just as well as if I had not put the dressings in the fire." "Well, I declare," said the lady, "I am glad the dark day has done some good, for sure I never heard before that it ever had done any whatever." The blister did well, and the lady thought the doctor truly a *learned* man, and master of his profession.

N. Y. Med. Inquirer.

Dislocation of the head of the Radius backwards.—Two instances of this dislocation, which is considered by Sir Astley Cooper as extremely rare, are related in the 11th No. of the *Provincial Medical Gazette*, by Mr. Case.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JUNE 30.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
June 27.	M.	39 yrs	intemperance	28.	F.	38	apoplexy
	F.	22 mo	croup		F.	16 mo	scarlet fever
	F.	62 yrs	tumor	29.	M.	83 yrs	old age
	M.	5	measles	30.	M.	5	unknown
	M.	26	hip complaint	Males, 5—Females, 4. Total, 9. Stillborn, 3.			

ADVERTISEMENT.

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THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructors best calculated to aid the progress of their pupils. In practical Anatomy, they will avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

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JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26.

6t.—July 13.

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THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

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July 6.

12t.

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Anatomy and Surgery, by JOHN C. WARREN, M.D.

Chemistry, by JOHN W. WEBSTER, M.D.

Materia Medica, by JACOB BIGELOW, M.D.

Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.

Theory and Practice of Physic, by JAMES JACKSON, M.D.

The apparatus and collections of specimens used in illustrating the demonstrative courses, are very extensive. The fees for all the courses amount to \$70. Board is obtained for about \$3 per week.

This institution now offers greater advantages for the acquirement of a thorough medical education, than it has done at any former period of its history. During the last two years the means of obtaining practical knowledge of the anatomical structure of the human body have been amply supplied to pupils, probably at a less expense than in any other of the schools in the United States. The opportunity of witnessing numerous important and capital operations in surgery, and of attending the clinical practice of one of the best regulated hospitals in this country, are gratuitously afforded to all who attend the lectures of the professors.

June 22.

7t

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JULY 27, 1830.

[No. 24.]

I.

OF THE YELLOW FEVER.

THE state of the atmosphere in which the following chapter from Peixotto's Gregory is sent to the press, is a sufficient pledge that it will not be uninteresting to our readers.

The disease of which I propose here to treat under the title of the *yellow fever*, is that which, under the name of *Maladie de Siam*, or *Bulam fever*, has been frequently observed to prevail in the West Indies, along the shores of North America, particularly at New York and Philadelphia, and more lately in the southern parts of Spain. It has spread *epidemically* in those regions, and been productive of very great mortality in particular seasons.

It is scarcely necessary to apprise the student, that hot countries are subject, no less than cold, to the occasional visitations of epidemic disease. They have also, of course, their peculiar endemics, and the term *yellow fever* is currently applied, in the West Indies, to express modifications of fever different from that which I am now about to describe. To the want of precision in the naming and classing of fevers, and to carelessness in tracing the analogies and distinctions of epidemic and endemic diseases, may be attributed,

in a great measure, the dispute to which the subject of *yellow fever* has given birth.

Most of the genuine febrile diseases of hot climates appear to have a *bilious* tendency. The inflammatory as well as the intermittent and remittent endemics of those countries, are frequently accompanied with a yellow color of the skin, and other symptoms supposed to denote that the functions of the liver are materially disturbed. The symptoms and treatment of these forms of endemic disease, however, it is not my intention to discuss. The present object of inquiry is the epidemic *yellow fever*, such as raged in the West India Islands and at Philadelphia in 1793; at Cadiz in 1800; at Malaga in 1803; at Gibraltar in 1804 and 1813; and at Ascension Island in 1823. As this particular form of fever exhibited in all these situations very much of the same defined and in several respects peculiar character, I shall give a short account of its symptoms and progress, of the appearances found on dissection, and of the most approved system of treatment.*

The attack of *yellow fever* is

* For many of the remarks contained in this chapter, I beg to express my obligations to Dr. Fraser, late Inspector of Hospitals at Gibraltar, who obligingly gave me access to his voluminous and valuable documents on *yellow fever*.

ushered in, in the usual way, by languor and rigors. There is sometimes a peculiar dejection of countenance observed, with a remarkable aversion to the least motion; at other times there is an appearance of inebriation. The face is flushed; but the most prominent of the early symptoms of the disease is headach, of a very peculiar kind. It is exceedingly severe, and referred to the forehead and bottom of the orbits. The eyes appear dull, glassy, suffused, and protruded. The tongue is at first furred and moist, but by degrees it becomes dry and black, or sometimes of a fiery red color. The heat of skin is but little increased. The patient sometimes lies in an almost insensible state, but extreme restlessness has also been noticed.

To this succeeds the second striking feature of the disease, great irritability of the stomach. The matter rejected is very seldom bilious, or if it is so at first, it speedily loses that character. For the most part it is slimy and tasteless, and adheres in small flakes to the sides of the containing vessel. As the disease advances, it assumes a dark color, and comes to have the appearance of coffee-grounds. This is the *black vomit*, which may be considered the characteristic feature of this disease, as much as buboes and carbuncles are of the plague. The dejections have a tarry appearance. There is often noticed a total suppression of the urine, which, like the black vomit, is a fatal symptom. Hicough, hemorrhages, and petechiæ, have been observed in some cases, even from an early period.

I have retained to the last the mention of that symptom which gives name to the disease, yellow-

ness of the skin, but it is not of that importance which might have been anticipated. Many cases indeed run their whole course without exhibiting it; but when it appears early, or when the skin assumes a leaden or livid cast, it is to be considered an unfavorable symptom. A few other peculiarities in the disease are all that remain to be noticed. The yellow fever is occasionally attended with an ulcerated state of the throat. A fatal termination has often happened in the most unexpected manner; a very singular remission of all the symptoms taking place about sixty hours from the first attack, and raising hopes which are soon to be disappointed. Death is sometimes preceded by a degree of low muttering delirium; at other times the patient sinks exhausted, but with the intellect quite unimpaired.

The usual duration of the yellow fever is from five to seven days. If the patient passes the sixth day without the occurrence of black vomit or suppression of urine, his chance of recovery is much increased; but even then symptoms like those of common typhus occasionally supervene, and prove fatal. Relapses in this fever are very rare.

Upon dissection, very few appearances present themselves which can be considered as throwing light on the pathology of the disease. The body has been observed speedily to become livid. Yellowness of the skin has sometimes been first noticed to occur after death. A state of turgescence of the cerebral veins has been described, and occasionally there has been observed a peculiar redness of the inner coat of the stomach. The gall-bladder is found distended

with dark and viscid bile. The structure of the liver is not found to be altered. It sometimes assumes an ash color.

Such are the most usual symptoms of the yellow fever. They will be seen to bear some resemblance to those of the plague ; and the analogy between these diseases has been urged with much force by Sir J. M'Grigor. A more important analogy may be traced between the epidemic yellow fever and the genuine typhous fever of this country ; and there can be no doubt that the former bears the same relation to the endemic fever of the West Indies, that typhus does to the common *synochus* of Europe. It is properly called, therefore, the *typhus icterodes*. It is the *malignant* fever of tropical climates, characterized, like the malignant fevers of temperate climates, by deepseated affection of the brain, and extreme irritability of the stomach, but in a higher degree of *intensity*.

The cause of the yellow color of the skin in this fever has been made a subject of inquiry. By some this appearance has been attributed to disordered function of the liver ; by others, to bile absorbed from the intestinal canal without hepatic derangement. Sir Gilbert Blane has thrown out the idea, that it may be owing rather to a depraved state of the red globules of the blood. In whatever way this question may be decided, it is perfectly clear that the state of the *biliary* organs has very little to do with giving a character to this formidable disease, which is to be viewed as one of the most aggravated forms of typhoid fever. In respect of mortality, the yellow fever may even take precedence of the plague. At Gibraltar, in

1804, the disease raged among the inhabitants, uninfluenced by any distinction of age, sex, or condition.* The deaths amounted to somewhat more than one in three ; a proportion, according to Sir Gilbert Blane, considerably above the devastation of the pestilence of the Levant.

The treatment of the epidemic yellow fever is a point which has attracted great attention from all classes of inquirers : but their observations tend only to show that it is a disease of so singularly malignant a nature, as, in a large proportion of cases, to bid defiance to all the efforts of art. This is particularly exemplified when the disease first makes its appearance in any town or district. The peculiar combination of circumstances, whether in respect of local situation, or of the state of the atmosphere, or of the constitution of the inhabitants, which gives the peculiar feature of malignity to the symptoms of the disease, operates also against the practitioner, and deprives him of the usual powerful means of combating fever. The severe headach which characterizes the early stages of the disease, naturally suggests bloodletting as a probable means of relief ; but experience has proved that, though occasionally, it is not generally, beneficial. The blood, when drawn, separates very imperfectly ; upon exposure to the air, it does not acquire its usual florid color, and scarcely ever exhibits a buffy appearance. In determining, however, the propriety of having recourse to bloodletting in yellow fever, the *habit of body* is certainly to be studied. In a ple-

* Of a population of nine thousand civilians, only twenty-eight persons escaped an attack of the disease.

thoric habit, where the pulse is firm, a single bleeding will probably be beneficial. All I wish to urge is, that venesection is useful rather with reference to the individual attacked than to the nature of the disease.

The principal object which it is found necessary to keep in view in the treatment of yellow fever, is the allaying that excessive irritability of the stomach which leads to the black vomit. Calomel, given at first in a smart dose, so as to operate freely as a purgative, and repeated in smaller doses at intervals of three or four hours, so as to keep up this effect, was the most approved practice among the English practitioners at Gibraltar, in 1813. To the calomel were occasionally united aloes and gamboge. In the exhibition of these medicines no time was to be lost ; for it was only by their speedy and full effect, that the prevention or relief of the vomiting could be ensured. Pediluvia and tepid sponging were found beneficial. Under certain circumstances, the warm bath was administered with good effect. Cold applications to the forehead and hands occasionally served to relieve the urgent headache. When the powers of life appeared to fail, it is unnecessary to say that stimulants and cordials were had recourse to. Subacid drinks were given, and a strict antiphlogistic regimen pursued through the whole disease. The same rigid attention to diet and regimen was required during the period of convalescence.

I have stated that among the points in dispute regarding the yellow fever, is the question of the identity of the epidemic yellow, or Bulam fever, with the endemic fevers of the West Indies. Upon

this question an opinion has been already given. The other topics of controversy are, first, whether the disease be always imported, or whether it can ever be generated by a combination of *common* or endemic causes ;—secondly, whether, being once received into a town, it propagates itself by contagion ; and, thirdly, whether those who have passed through the disease are susceptible of it a second time. These are all important questions, the replies to which are not so obvious as to that of its pathological affinity, which has already been noticed ; and they involve the most difficult parts of the controversy.

The first question is undoubtedly one which should be answered with some caution. Many circumstances connected with the early appearance of the epidemic yellow fever at Philadelphia in 1793, and at Gibraltar in 1804, strongly favor the idea of its having been in those situations an imported disease. Several other facts, however, might be adduced, which militate against the universality of this doctrine ; and there is nothing inconsistent in allowing, that, though it is sometimes imported, the genuine malignant yellow fever may, under circumstances favorable to its development, be generated in any warm climate, by a combination of endemic causes. With regard to the second question, no reasonable doubt can surely be entertained by any candid, intelligent, unbiassed man, that this disease, being once received into a town, is contagious. The evidence in favor of this opinion is certainly as strong as for that of the contagion of typhus, or of plague. Whether the yellow fever bears the

greater analogy to the former or latter of these diseases, may indeed be disputed. We may deny that there is anything specific in the contagion of yellow fever; but that the disease is propagated by contagion of some kind, cannot be questioned, after the ample experience which has been had, both in America and Europe. If any doubts could have been entertained while the disease occurred only in the West Indies, in consequence of the resemblance of the epidemic to the endemic fevers of those islands, they must have yielded to the obvious arguments suggested by its appearance in Cadiz, Gibraltar, and still more lately at the Island of Ascension.* The contagious nature of the disease, it may be remarked, is a question which is perfectly distinct from that of its foreign or endemic origin.

Some of the laws of the contagion of yellow fever appear to be ascertained with tolerable accuracy. Its latest period varies from two to eight days. Ten days is, I believe, the longest period recorded of yellow fever appearing, after exposure to the contagion, and removal to a freely ventilated atmosphere. The contagion of yellow fever has a peculiar range of atmospheric temperature, but on a higher scale than that of the plague. It has never been known but in those countries and at those seasons when tropical heats, that is, of eighty degrees Fahrenheit's, or upwards, prevail. It never fails to disappear as the winter approaches. It is certainly a sin-

gular circumstance in the history of the yellow fever, that it has never prevailed to any remarkable extent at a distance from the sea, and that its principal ravages have been on the shores of the Atlantic Ocean.

The last circumstance which it is of importance to notice in the history of the yellow fever and the laws of its contagion, is the question whether it can be taken a second time. The answer is a very short one. Although a few well attested instances to the contrary have been recorded, still a most extensive experience has satisfactorily proved that the immunity from second attacks is nearly complete, and that it forms one of the most striking characteristics of this remarkable disease.

II.

LOOSE CARTILAGES IN THE KNEE JOINT.*

CASE.—D. M., ætat. 24, farm-servant, complains, Dec. 3d, that the motions of his right leg are much impeded by some firm moveable bodies in the cavity of the knee joint. He thinks they are three in number, but has never been able to fix more than two of them at one time; the largest is the size of a hazel nut, the smallest that of a field bean. No increased secretion of synovia nor inflammation of the joint. States that two years ago he first felt uneasiness in the joint when at work, and twelve months afterwards observed a loose body moving in the joint. This was removed five months ago, and when he recovered from the operation the

* Consult Dr. Burnett's "Official Report of the Fever which appeared in his Majesty's Ship Bann, and the Island of Ascension, in 1823." London, 1824.

* Medico-Chirurgical Review.

present ones were discovered. On the 7th, the substances being previously secured at the inside of the joint, and an assistant having drawn the integuments outwards, an incision was made at once through the integuments and capsule of the joint, and the two substances easily extracted.

The lips of the wound were brought together by plaster and bandage, and motion effectually prevented by a splint placed under the limb. On the 12th the wound was firmly healed, and on the 29th the patient was dismissed cured. On examining the substances removed from the joint, they appeared externally to be entirely cartilaginous, but, on making a section of each, the smaller was found to be nearly equally composed of cartilage and bone, the larger much more completely ossified.

"It has been stated that the existence of such bodies is generally accompanied with increased secretion of synovial fluid. In some of the first cases of this description, particularly in that given by Paré, a very considerable effusion into the knee joint had taken place, and the operation of opening the joint was performed to evacuate the fluid, and, during this, the foreign body presented itself at the opening, and was extracted. In general, the discovery of such substances has been preceded by injuries of the joint and slight inflammatory action; but, in others, sudden lameness takes place, and examination of the joint discovers the cause, without any well marked inflammation.

"With respect to the substance of which they are composed, I believe them all to be primarily

effused lymph, but in process of time they become cartilaginous, ossified in part, and ultimately wholly so. In repeated instances have such bodies extracted from the same knee presented all these characters, thus proving that the difference of texture depended solely on their duration in the joint.

"Some have regarded these substances as pieces of cartilage, detached by falls or bruises from the articulating surfaces of the joint; while others, and with more reason, consider them as arising quite independent of this cause.

"Monro, Baillie, Richter, Wardrop, and others, have found similar substances, cartilaginous and osseous, in the tunica vaginalis testis, complicated with hydrocele; and one example of this kind came under my own observation. In some of these instances, small portions of coagulable lymph were likewise found.

"I have had no opportunity of examining the knee joint of any person who died with such substances in the joint, nor am I aware of any such dissection being on record; but judging from the appearances in the coverings of the testicle, when similar bodies are found there, I should be inclined to expect that where they form in the knee or other joints, they are the result of inflammatory action, producing effusion of lymph, which passes through the cartilaginous state into the osseous. The capsular ligament, when the disease has continued long, will, in all probability, be thickened.

"The old axiom that wounds of joints, if not mortal, are exceedingly dangerous, has still influence over the minds of some

practitioners, and induces them to prefer a palliative treatment by means of bandages, to removing them by an incision.

“When, however, no inflammatory action is present in the joint, when the patient is young and healthy, and means are taken to prevent all motion of the joint after the operation, I conceive the extraction of these bodies as by no means likely to be attended with danger. There are some constitutions, however, in which the most trifling operation is likely to prove dangerous; and I once saw most alarming symptoms follow the operation, attributable, however, in some degree, to the patient having used the limb soon after the operation. It is always proper to put this out of his power by means of splints.”

We are disposed to agree with Mr. Cowan in believing that this operation has been regarded with a too superstitious dread by the older surgeons. We must take care, however, lest we run into an opposite error, and exchange the extreme of caution for temerity, an exchange which would certainly be for the worse. Some patients have died after the operation for removing loose cartilages from the knee joint, and more have been placed in imminent peril. What all the world says may not be strictly true, but it never is entirely false, and all the world have pronounced that a wound of a large joint is not to be looked on as a bagatelle. We grant that bad consequences seldom ensue except in a person of weak habit or injured constitution. But this kind of argument is not worth so much as might be thought; for the evidences of that bad habit and constitution are by

no means always apparent before the operation, and consequently the surgeon only ascertains it by the result. Of this we have seen more than one example. With regard to the application of splints, we can bear our testimony to the advantages derived from their employment. If perfect repose is procured for the joint, and vigilant caution exercised in guarding against inflammation, we believe that loose cartilages may be extracted from the articulation with much less danger than is commonly believed.

III.

NEWLY-DISCOVERED AMERICAN MEDICINAL LEECH.

THE following memoranda, which it seems were presented to the Philosophical Society of New York by the celebrated Dr. Mitchill, we copy from a publication entitled *the American Lancet*. Two of a trade, it is said, cannot agree,—but there seems to be, in this case, no bitterness of feeling between the lancet and the leech.

It has been said, and I believe truly, that the *hirudo medicinalis*, or medicinal leech of naturalists, is not a native of America, or, at least, has never been found in any of our confederated States. It has therefore become a regular branch of business to import them for remedial use, from different parts of Europe. In the New York gazettes, advertisements for the sale of such animals are frequent. The common price among the dealers is three dollars a dozen. Frequently there are none in the market.

Several years ago, I had medi-

tated to procure some of these foreign leeches, and put them into one of our fresh water ponds, for multiplication. Partly, however, from neglect, and partly from other employment, the project was never carried into execution.

It appears now, that the omission was a matter of little or no consequence, as leeches have been discovered in a number of the ponds upon Long Island, and over the continent, that are excellent bleeders in the practice of physic. Some persons have supposed them to be horse leeches, or individuals of the *hirudo sanguifuga*. Be that as it may, physicians and patients, in a neighboring region which I visited a few days ago, agree in ascribing to them *blood-sucking* qualities, superior to those which are brought from abroad. They bite readily, fill their large bodies with blood, and leave a wound from which blood flows after they have ceased to suck. Hence they are particularly adapted for this local evacuation.

Let the question of the species be determined as it may, either that the present is the *horse leech* of Europe, or that it is an *American variety*, or lastly, that it is an *undescribed species*, it is very comfortable to know that its remedial powers have been sufficiently tested.

Like other leeches, these have the power of great dilation and contraction. From the length of about a span, they can shorten themselves almost to an inch.

The back is of an olive green color; the belly of a pale orange yellow. When at rest, the figure, as is usual with the genus, is rather flattish; when in motion, some-

what cylindrical, or rather conical. The margin at the sides is ciliated; and the yellow is distinguished above the line, encroaching a little upon the green. Along the middle of the back, longitudinally, is a row of about twenty spots, nearly the color of the belly. On each side, close to the ciliated margin, is a row of about as many spots, which are almost black. The yellowish spots run through, or are encircled by a nebulous discoloration, of a different hue both from the green back and the blackish spots. Between this dusky sort of stripe, and the rows of black spots, there are rows of dusky colors. These latter are oblong; whereas the spots are round or circular. The belly is also variegated irregularly with black dots; on the belly, also, there are three pale reddish blotches.

Though we introduce from distant countries, many things which our own country produces, or can produce, yet it is agreeable to know that we can procure an article at home, although in the course of trade and commerce we persist in deriving from a foreign source.

I have little doubt that the present is a species different from any hitherto registered in the books of medicine and natural history.

IV.

SWIMMING.*

SWIMMING has with great propriety been pronounced "the purest exercise of health;" combining in itself the advantages of

* From the Journal of Health.

muscular exertion with those of bathing. It is to be observed, however, that there is, perhaps, no exercise which calls into violent action a greater number of muscles, and which, therefore, so quickly induces fatigue. It is on this account, independent of the effects of the cold water in which the body is immersed, an amusement but ill adapted to the aged, and those of an enfeebled and delicate constitution. Even by the young, the healthful and robust, it should not be carried too far, lest injury rather than benefit result from it.

It is during the summer season alone, that this species of exercise can, with propriety, be indulged in. Although the savage, in northern climates, is said to plunge with impunity, at every season of the year, into the coldest stream, yet the health, if not the life of an individual, reared amid the luxuries and refinements of civilized society, would be endangered, were he to attempt a similar course.

The morning is undoubtedly the period best adapted for the exercise of swimming, but by many, an hour or two before sunset has been preferred, the water having then acquired a considerable degree of warmth from the sun's rays. When the former period is found peculiarly inconvenient, the latter may be adopted, rather than the exercise should be entirely abandoned. During the middle portions of the day, when the heat is oppressive, to swim in an open river would be attended with danger.

Like every other species of active exercise, the one under consideration is to be abstained from until several hours after eating.

It is important to select for the amusement of swimming a pure running stream, of sufficient depth, and, if possible, with a sandy shore and bottom. Stagnant, and thickly shaded pools, particularly in the neighborhood of marshes, ought carefully to be shunned.

A ridiculous, and to a certain extent dangerous, idea prevails with many, that the body should be allowed to become perfectly cool previously to entering the water. On the contrary, it will very generally be found highly advantageous to partake of a degree of exercise before immersion, sufficient to produce a gentle increase of the circulation of the blood, and a slight augmentation of the heat of the body. But, while in the earlier stages of exercise, before a copious perspiration has dissipated the heat, or the system has become exhausted by fatigue, an individual may fearlessly plunge into the water, —this would be replete with danger, if practised after exercise has been urged so far as to occasion profuse perspiration, with languor and fatigue. Under such circumstances the heat of the body is fast sinking, and immersion in cold water would produce a severe and protracted chill.

Immediately on leaving the water, the body should always be wiped perfectly dry by friction with a coarse towel; and after dressing, a gentle degree of exercise ought to be taken. Nothing is indeed more prejudicial to health, than sitting, or remaining inactive, subsequently to bathing. Walking briskly to and from the place selected for swimming, particularly if it be at a reasonable distance from the dwelling, will in most cases be the best exercise that can be adopted, both

before entering and after coming out of the water.

It was not our intention, in the present article, to teach the art, or to describe the various modes of swimming. With Franklin, Saint Pierre, Saltzman, and others, we are of opinion, however,

that such instruction should constitute an item in the education of every child, not merely to enable him to enjoy a beneficial and healthful exercise, but to ensure his own safety, and to enable him to minister to that of others, in cases of accidental submersion.

BOSTON, TUESDAY, JULY 27, 1830.

CHLORIDES OF LIME AND SODA.

At a late meeting of the Boston Society for Medical Improvement, the Committee on Chemistry was instructed to report on the comparative advantages of the Chlorides of Lime and Soda. The following is the Report of that Committee, read at the last meeting of the Society, and published because it contains a statement of some facts which, at the present time, may be particularly interesting to the profession and the public.

Report.

The Committee to whom was referred the consideration of the comparative merits of the common bleaching powder, or chloride of lime, and the preparation of Labarraque, called chloride of soda, as disinfecting and purifying agents, report:

That they cannot discover that, as such agents, either possesses advantages over the other. Both have been used abroad, and in this country, to destroy noxious effluvia, to remove infection, and to prevent putrefaction. For these purposes they are more effectual than any other articles of the shop or the laboratory. They have been likewise used as medicinal agents on man. For this purpose the preparation of Labarraque has been preferred,

though apparently for no other reason than that it is the neater preparation of the two.

The properties of each are admitted to depend on the chlorine they contain, and to be proportioned to the amount thereof.

The state in which the chlorine exists in either article is uncertain. Many distinguished chemists consider the bleaching powder a true chemical compound of its ingredients, constituting a subchloride of the protohydrate of lime, which, when thrown into water, is partly soluble,—half the lime subsiding, and leaving a true chloride in solution. Dr. Ure, who has more recently examined this substance, finds the proportion of chlorine to vary exceedingly in different specimens, and *he* is led to think that it is not a true chemical compound. The bleaching power, which is the test of the proportion of chlorine, contained in a given weight of the powder, varies with age and with the mode of preparation. Different samples procured at the shops and examined by the committee, contained chlorine in the proportion of 1.2.4 nearly.

With regard to the Chloride of Soda, the committee are of opinion that there is no such substance known, the article so called being usually prepared by passing a stream of chlorine gas through a solution of the carbonate of soda, by which process the chlorine is retained without the carbonic acid being given off.

By evaporation, crystals like those of carb. soda are obtained, which, though possessing some bleaching power, have much less than the liquid itself. The sole use of the salt in this preparation, is, in the opinion of your committee, to augment the solvent power of the water. That it does this, will appear directly.

It only remains to ascertain the precise amount of chlorine contained in each of these preparations. According to Labarraque's formula as given by Magendie, 1 pint of his liquid contains 1866 grs. (3 oz. 5 drs. 26 grs.) carb. soda, and 245 grs. ($\frac{1}{2}$ oz. 5 grs.) of chlorine. One pint of pure water would dissolve only 43 grs., that is, twice its bulk of chlorine, a little over one-sixth as much. This quantity, viz., 245 grs. of chlorine, is equal to that in 612 grs. ($1\frac{1}{4}$ oz. 12 grs.) of the bleaching powder or chloride of lime, using Dr. Ure's estimate, which is forty parts chlorine to about sixty of lime. For use, Magendie directs the chloride of lime to be dissolved in sixty times its weight of water. 612 grs., then, would make 4.78 pints of clear solution, containing, of course, as much chlorine as is held in one pint of the preparation of Labarraque. The latter solution, then, is five times stronger nearly than the former.

Labarraque's article, or one like it, is sold here at one dollar a bottle, or at between 50 and 60 cents a pint. Chloride of lime may be had at the apothecary's for 25 cents a pound, and cheaper probably at the manufacturers. For the price of one pint of Labarraque's liquid, then, we can procure more than two pounds of the chloride of lime, containing 25 times the amount of chlorine, and capable of making 15 gallons of clear solution,—only a fifth part as strong as the other, to be sure, but as strong as it should ever be used, Labarraque's solution requiring always to be diluted before using it.

WALTER CHANNING,
for the Committee.

JEWISH MEDICAL POLICE.

AMONG the laws and customs imposed on this ancient nation by Divine authority, those are not the least remarkable which have for their object the prevention of disease, and the proper treatment of those who were already affected with any of the prevalent maladies of the climate and country. The various forms of cutaneous disease were made the subject of especial attention by the Supreme Lawgiver. It was highly important that these should be carefully distinguished from one another, since, while the mild forms were uncontagious, and scarce required treatment, the graver varieties made it necessary that the affected person should be subjected to strict regimen and—to guard against the spread of infection—be carefully secluded. Accordingly, we find that every one affected with eruptive disease was obliged to undergo a careful examination by the priest, who, as was usual in the early ages, united in himself the sacerdotal and medical character. If, on inspection, it appeared to be a true leprosy, having the peculiarities which marked the malignant form of that disease, he was to be adjudged unclean, and treated accordingly. If, as was most generally the case, the character of the disease was doubtful, the patient was secluded for a week, and then re-examined. The result of this second examination might be a discharge, a sentence of leprosy, or a new term of probation; the latter was frequently imposed, and four, five, or even six weeks might elapse, before this important point was fully

determined : such were then, as they now are, the uncertainties of medical diagnosis. Whenever a final sentence of leprosy was pronounced, the consequence was a banishment without the camp, very strict limitations of intercourse with healthy individuals, and the imposition of such rules, in regard to the person and clothing, as would be most likely to prevent the extension of the malady.

With regard to the precise symptoms by which the contagious leprosy was distinguished from milder eruptions, the most important can be gathered from the sacred writings themselves, though the description there given is not wholly free from obscurity. The circumstances which seemed to have been most relied on in making the diagnosis, were, first, ulceration or depression of the surface beneath that of the sound skin, presenting the appearance of the "living flesh;" and, secondly, the loss of the hair of the part, or the change of its color to whitish or yellow.—See Levit. xiii. *passim*.—It appears that although the eruption covered the whole surface of the body, yet, if the skin remained sound, and no red flesh were discovered, the patient might be regarded as clean; while the appearance of this was sufficient to establish the character of a true leprosy.—See ver. 13.—There is little doubt, however, that the milder modifications of the disease often degenerated into the severe form alluded to. The generic name for leprosy among the Hebrews, and which probably included many forms of cutaneous eruption, was Berat; the specific appellation of the non-

contagious form was Boak. "If," says the law, "a man or woman have in the skin of the flesh a berat, a white berat, the priest shall look; and behold, if the berat in the skin of the flesh be dull, it is a boak growing in the skin: he is clean."—Levit. xiii. 39, translated by Good.—With respect to the change in the color of the hair, it is to be recollected that the natural color of the hair in that region is black; and the alteration of this to a yellowish white no doubt resulted from some change in the rete mucosum, from which the color of this part is derived.—What modes of treatment were adopted in the several varieties alluded to, we are not informed. In fact, as the subject is introduced with a sole view to its political relation, no details on this point could properly be expected. To the physician, however, who is interested in antiquities generally, and in the early history of his own science, the part of the Scriptures from which the above observations are gathered will furnish an abundant field of inquiry and research.

DIGITALIS.

THIS article, which, to judge from the silence maintained respecting it, has lately done little worthy of its ancient reputation, is mentioned in a foreign journal as having, in one instance at least, exerted an unequivocal and very fortunate influence as a diuretic in dropsy. The disease had been gradually increasing for six months, unchecked by the successive employment of venesection, the mild diuretics, cathartics, epispastics, &c., when the use of the digitalis was

commenced in the dose of half a grain every hour. Powerful diuresis followed immediately, with a striking amelioration of the symptoms, and, by a persevering employment of the article, the disease was entirely and radically removed.

It is a question of some interest, whether the diuretic effect of this substance is the result of its action upon the circulating system, or whether it is to be considered an independent and collateral effect. Those who support the former opinion, explain it by supposing that secretion is diminished with the circulation; and the activity of the absorbents remaining undiminished, the balance is in this way restored. The objection to this view of the subject is, that it supposes diminished circulation to be a more permanent effect of the use of this article than it is in fact found to be. Indeed, it may well be doubted whether this be in fact a primary effect, and does not result from an action on the nervous system, producing a pathologic state of the brain more or less resembling apoplexy. This idea certainly derives some support from the effect of digitalis on the nervous system, when taken in a somewhat larger dose than is sufficient to produce a sensible effect on the pulse. Whatever may be thought of this suggestion, it is at least certain, that, with the exception of the various mercurials, there is no article whose influence on the system is more remarkable or unequivocal, or better worthy the study of the physiologist and practitioner.

BELLADONNA IN HERNIA.

IN noticing, some time since, the extent to which narcotic substances were known to produce their specific effects through the medium of the cutaneous and mucous surface, we mentioned an instance of recent occurrence, in which the extract of belladonna, applied to the surface of a bougie, had materially assisted the passage of the instrument through the strictured urethra. An equally remarkable proof of the efficacy of this article was given a short time since in one of the London hospitals, in a case of strictured rectum, which appeared in our columns during the present month. We have now to mention a third instance of its successful employment, which appears to us to possess even more interest than either of the two preceding. It occurred at Naples, in January last, in a case under the care of Dr. Meola, of that place. The patient, a man advanced in life, had a hernia of twelve years continuance, for which he habitually wore a truss, and which, whenever it descended, had always been reduced without difficulty. On this occasion, however, after unusual exertion, the intestine came down, and resisted the efforts which were made to replace it. The usual means were resorted to, such as bleeding, the use of cold, &c., in order to effect the taxis, but without success. Before resorting to an operation for relief, it was concluded to try the effect of belladonna applied externally over the hernial tumor. Accordingly, the use of this substance in the form of ointment was commenced, about twelve hours after the

accident had occurred. The effect of the first friction was to relieve the pain, which had previously been very severe. An hour afterwards a second portion was rubbed in, which produced evident softening of the intestine. The third friction aided the effect of the two first, and enabled the surgeon to reduce the hernia with great ease. The patient did well, and was almost immediately able to resume his usual occupation.

DISSECTION IN CONNECTICUT.

WE have already alluded to the liberal policy with respect to dissection, pursued by the legislature of Connecticut. The following sections, touching this subject, of an act concerning crimes and punishments, passed in the legislature of that state in May last, will give a clearer view of the subject than can be obtained by any explanation or remarks of our own.

Sec. 87.—If any person or persons shall open the grave of any deceased person, or the tomb where the body or bodies of any deceased person or persons have been deposited, or shall remove the body or bodies, or remains of any deceased person or persons, from their grave, graves, or place of sepulture, for the purposes of dissection, or any surgical or anatomical experiments, or for any other purpose, without the consent of the near relations of the deceased; or shall in any way aid, assist, or procure the same to be done, or shall receive, conceal, or secrete, any such body or bodies, or shall aid or assist in any surgical or anatomical experiments, or demonstrations therewith, or dissections thereof, knowing said body or bodies to have been so taken or removed from the place or places of their sepulture,

every such person so offending, shall forfeit and pay a fine not exceeding two thousand dollars, nor less than two hundred dollars, and shall be further punished by imprisonment in the Connecticut State Prison, for a term not less than two, nor more than five years, at the discretion of the court having cognizance of the offence.

Sec. 88.—No professor, teacher or lecturer, in any college, academy, school, or medical institution, shall perform any anatomical or surgical experiments, on the body of any deceased person whatever, in any building in which the students of such college, academy, school, or medical institution, are taught or instructed in medical science, until such professor, teacher or lecturer, shall have first given bonds, with sufficient surety, to the treasurer of the State, in the sum of one thousand dollars, conditioned that no body of any deceased person which shall have been disinterred, or procured, contrary to the provisions of the last preceding section of this act, shall be introduced or brought within such building during the time that he holds the office, or exercises the duties of professor, teacher or lecturer, as aforesaid, in such college, academy, school, or medical institution, or elsewhere in this State. And if any such professor, teacher or lecturer, or any other person, shall perform any anatomical or surgical experiments on the body of any deceased person, in any such building, without such professor, teacher or lecturer having first given bond as aforesaid, he, the said professor, teacher or lecturer, being thereof duly convicted, shall be punished by fine not exceeding two thousand dollars, nor less than five hundred dollars, at the discretion of the court having cognizance of the offence.

Sec. 89.—That the mayor and two senior aldermen of any city, and the selectmen of any town, in which such college, academy, school, or

medical institution, may be located, shall have authority, at all times, to enter and inspect every part of such building.

Sec 90.—That the bodies of criminals who are or shall be confined in the Connecticut state Prison for crimes, and shall die in said Prison, who have no known relations, shall, with the approbation of the directors of said prison, be at the disposal of the professors of anatomy and surgery in the medical institution in this State, to be used for advancing medical science in this State, and shall at all times be subject to their order; and also the bodies of persons capitally punished, under sentence of the law, at the discretion of the court before whom the conviction of such persons takes place.

Sec. 91.—That in all cases of a breach of the eighty-seventh section of this act, it shall be the duty of the governor, or the person exercising the office of governor, upon application of the select-men of the town where such offence shall have been committed, to offer a reward not exceeding two hundred dollars for the apprehension of any person or persons, who shall have been guilty of the acts or crimes, or either of them, in the eighty-seventh section of this act, mentioned; and in case of the apprehension and conviction of such offender or offenders, the comptroller of public accounts, upon the application of the governor, or the person exercising the office of governor, shall draw an order on the treasurer for the amount of the reward thus offered, who shall pay the same.

Dr. Mott's new Instrument.—As we published on our 198th page a let-

ter from Bath, (Eng.) to the Medical Gazette, respecting an instrument invented by Dr. Mott, we feel bound to present also the following note, which appears in the last No. of our London contemporary.

To the Editor of the London Med. Gaz.

SIR—In publishing the case of immobility of the jaw, with a drawing of the instrument used for opening the mouth, my only wish was to make known to others an instrument which I had found useful, and particularly adapted to such cases; but I did not anticipate the effect it has produced on your Bath correspondent.

The invention of the instrument used by me was elicited by the case I had to treat, and could not be influenced by any original in the possession of another person, with whom it remained unnoticed, though it may have been invented for centuries.

It is a little amusing that this instrument, thought to be unique, should have produced its counterpart, and a claim to originality at so distant a period.

Yours, very respectfully,
VALENTINE MOTT.

New York, 25 Park-Place,
April 30, 1830.

Continued Health of the City.—Notwithstanding the excessive heat of the past and preceding week, in which the thermometer varied for eight days between 87 and 97 deg. Far. the health of our citizens continues uninterrupted by the usual diseases of summer.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JULY 10.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
July 3.	F.	23 yrs	consumption		M.	30 yrs	brain fever
	M.	3 1-2	dropsy on the brain	6.	F.	31	stoppage in the bowels
	M.	23	drowned	9.	F.	5	croup
4.	F.	32	childbed fever		F.	3	cholera infantum
5.	M.	9	drowned	10.	M.	49	debility
Males, 5,—Females, 5.				Total, 10. Stillborn, 3.			

ADVERTISEMENTS.

MEDICAL TUITION.

THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructors best calculated to aid the progress of their pupils. In practical Anatomy, they will avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

Terms, 100 dollars for a year; 75 dollars for six months; and 50 dollars for a quarter;—payments to be made in advance. Application may be made to Dr. **HALE**, No. 14 West Street.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26.

6t.—July 13.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. **CHANNING**.

On Physiology, Pathology and Therapeutics, by Dr. **WARE**.

On the Principles and Practice of Surgery, by Dr. **OTIS**.

On Anatomy, Human and Comparative, by Dr. **LEWIS**.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. **WALTER CHANNING**.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

July 6.

12t.

MED. SCHOOL IN BOSTON.

THE Courses of Lectures begin annually on the third Wednesday in October, and are continued daily for three months, on the following subjects:—

Anatomy and Surgery, by **JOHN C. WARREN, M.D.**

Chemistry, by **JOHN W. WEBSTER, M.D.**

Materia Medica, by **JACOB BIGELOW, M.D.**

Midwifery and Medical Jurisprudence, by **WALTER CHANNING, M.D.**

Theory and Practice of Physic, by **JAMES JACKSON, M.D.**

The apparatus and collections of specimens used in illustrating the demonstrative courses, are very extensive. The fees for all the courses amount to \$70. Board is obtained for about \$3 per week.

This institution now offers greater advantages for the acquirement of a thorough medical education, than it has done at any former period of its history. During the last two years the means of obtaining practical knowledge of the anatomical structure of the human body have been amply supplied to pupils, probably at a less expense than in any other of the schools in the United States. The opportunity of witnessing numerous important and capital operations in surgery, and of attending the clinical practice of one of the best regulated hospitals in this country, are gratuitously afforded to all who attend the lectures of the professors.

June 22.

7t

Published weekly, by **JOHN COTTON**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months; and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, AUGUST 3, 1830.

[No. 25.]

I.

CHRONIC DYSENTERY.

THE following is a case of dysentery of three years duration, cured by a very simple plan of treatment, but one which will generally, we apprehend, be found successful in that disease. It was reported for the Cincinnati Medical Journal, by Dr. Bard, of Troy, Vermont.

In the month of September last, says Dr. B., I was requested to prescribe for a young married lady who had been laboring under chronic dysentery for three years, with but slight and partial remissions in the winter months. She was much emaciated; pulse quick and feeble; countenance sallow; skin dry and harsh; tongue slightly furred; appetite very bad; great debility. There were generally from ten to fifteen dejections daily, slimy or purulent, streaked with blood, and sometimes pure blood was discharged. The abdomen was tender on pressure, with great pain and weakness in the loins, sacrum and hips, and the evacuation of the urine and feces appeared to be prevented by a peculiar painful sensation of muscular debility distinct from the tenesmus. As the patient had been already under the care of numerous practitioners, who had tried almost every variety of treatment without success, I determined to resort

to the practice recommended by Dr. Mitchell, in the Journal of the Medical and Physical Sciences for August, 1828, viz. : a mucilaginous diet with the blue pill, and such occasional depletion as the symptoms might call for.

On the 3d of September, the patient was directed, after evacuating the bowels by a dose of castor oil, to take nothing into the stomach but an infusion of slippery elm, and 4 grs. of the blue pill every night.

4th.—The oil operated well; two evacuations since.

6th.—Feels very feeble and faint; tongue clean, pulse softer, skin more pliant; has had three stools both yesterday and today, similar in character, but with less tenesmus. Treatment continued.

9th.—One stool daily since the last report, improved in appearance and without tenesmus; distress in the pelvis abated, and the tenderness of the abdomen removed.

12th.—On the 10th she had a slight return of the pain and bloody discharges, occasioned probably by drinking a cup of tea and eating a biscuit. Since that time, having confined herself to the infusion of elm, the symptoms have improved, and she has had one consistent evacuation daily.

15th.—All her difficulties appear to be removed. Permitted to use a little stale bread and milk.

She continued to use the blue pill and the infusion of elm for sometime, and gradually resumed her former diet without inconvenience, and has since enjoyed perfect health.

Although the pathology of chronic dysentery is perhaps as well settled as that of any other disease, there are few practitioners who have not occasionally found their best concerted plans of cure frustrated.

The influence of a mucilaginous diet, by removing irritation from the debilitated digestive organs and their ulcerated surfaces, can be readily comprehended. The *modus operandi* of the blue pill is not so obvious. If, as Dr. Mitchell supposes, it is essential to the cure, does its efficacy arise from its power in correcting derangements of the digestive organs, or from its local application to the diseased surface? If its utility depends upon its general effects as a mercurial, could not some other preparation of mercury supply its place? These inquiries are proposed to those persons whom a more extended acquaintance with the disease may qualify to solve them, better than can possibly be the case with the physician whose practice is confined to a high northern latitude.

II.

CURE OF HABITUAL CONSTIPATION.

We learn by the Medical Gazette that a paper by Mr. Chevalier on this most interesting and important subject, was read at a late meeting of the College of Physicians.

There are few complaints a physician is so often called on to

relieve, and few in which he finds it so difficult to satisfy himself and his patient, as habitual costiveness. Much can undoubtedly be done by strict attention to diet, cultivating the habit of soliciting an evacuation daily, and persevering in active bodily exercise. But, so far as medicines are concerned, we know of none which does not require a continuance of use, and most of them must be taken in increasing doses. Dr. Priestly, through a long life, took every night a pill containing one grain of ipecac and two of rhubarb; but could never leave it off. Many learned men have made this disease an object of peculiar study; many authors have discussed it in volume after volume; but as yet we are certainly in possession of no unerring remedy,—the labors of the student, the pen of the monographer, the time of the reader, have been spent to very little purpose. In the paper to which we have alluded, a new compound is offered to the profession by a distinguished individual. Mr. Chevalier was led, by reasoning on the effects of sulphate of quina in certain ulcers (*viz.*, that of converting purulent into mucous discharge) to infer that its agency was that of a tonic rather than an astringent; that, in short, it invigorated the action of the part to which it was applied. Pursuing this idea, he supposed that if given in combination with purgatives, it might act in the same beneficial way upon the bowels in habitual constipation. The results of more than five years extensive trial has convinced him that any sufficient purgative, in conjunction with the quina, being continued for a due length of time, will produce “an undiminished and uniform effect,”

requiring no increase of dose ; and in process of time producing a more powerful effect than at first, so that the dose of the purgative may be gradually diminished, and ultimately dispensed with altogether.

The following are the formulæ which he has found most convenient ; the former for adults, the latter for infants under one year.

- R. Quinæ Sulphatis, gr. xxiv. Pilulæ Gambogiæ, comp. xxxvi. M. fiant pilulæ equales, xii.
- R. Pulv. Ipecac. gr. $\frac{1}{4}$. Hydrarg. c. Creta, gr. ii. Quinæ Sulphatis, gr. ss. Magnesiæ, vel Pulv. Rhei. q. s. M. To be taken twice or three times a-day.

III.

HEMERALOPIA, OR NIGHT-BLINDNESS.

THIS curious affection is very frequent between the tropics—especially among the natives of India. Mr. Annesley conceives that whatever be the peculiar condition of the sensorium or retina, in hemeralopia, the cause is debility, “accompanied with accumulations of morbid secretions in the primæ viæ, more particularly in the cœcum and colon, together with torpid function of the liver and stomach.” The disease among the natives is usually induced by insufficient nourishment and inattention to the bowels. He has frequently found a well-regulated diet and purgative medicines sufficient for the removal of hemeralopia without any other remedy. Among Europeans the purgative medicines are essentially necessary, and they generally bring away copious, offensive, dark-colored gelatinous dejections, when the bowels become more

sensible to purgatives, and then smaller doses suffice. Among debilitated Europeans and natives, generous diet and tonics are afterwards necessary, in order to prevent the generation of worms.

IV.

LOCAL INFLAMMATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The interesting process denominated local inflammation, which is so frequently presented to our observation, yet which has engaged to so little purpose the attention and the researches of the most profound physiologists, continues still to be an abundant source of conjectures, and to furnish ample materials for the construction of new theories. The proximate causes which produce it ; the precise state of the parts during its continuance ; the reciprocal action and reaction between these parts and the important functions of the system ; the mode adopted by nature for its relief ; and the effect of local and general remedies in its removal ; are all subjects open to inquiry, and deserving of the most profound and full investigation.

Some of these questions would probably have been long since decided, and the examination of the others rendered more simple, were the structural changes primarily produced by this process so far permanent as to be fairly estimated from post-mortem examinations. This, however, it is well known, is not the fact. A tissue which was crowded with blood during life, cannot after death be distinguished by this

circumstance from those which surround it. This fact has particularly been noticed in erythematous inflammation, no trace of which can be detected on the surface after death has occurred. As respects inflammation of internal organs which have not gone beyond the primary stage, post-mortem appearances often afford but slight grounds even for determining the seat of disease, and are absolutely null in regard to its nature and proximate causes. Unless the process has gone so far as to produce some effusion or disorganization, the conclusions obtained in this mode will be far from satisfactory.

What is the proximate cause of inflammation, therefore, must be determined by our knowledge of the circulating function itself, and by the phenomena presented in those cases which we have the opportunity of examining most closely. This opportunity is afforded us in various superficial inflammations, and particularly in that of the eye, the surface of which being transparent, we are enabled to trace the processes which take place in it with great accuracy.—From observations thus made, we infer that the quantity of red blood is augmented in an inflamed part, the capillaries which before contained it being enlarged, and other vessels now containing it which before did not exist or circulated a colorless fluid. The nature of the change produced in these last is a *verata quæstio*. That they are absolutely called into existence by the inflammation, does not seem probable. They must then be minute vessels, ordinarily admitting only a white fluid, perhaps the serum of the blood, but, in

their changed state, capable of receiving this fluid unaltered. That this change arises from a *vis a tergo*, urging the red blood into these vessels, and thus distending them, though an opinion very ably supported, yet presents very serious difficulties. The idea of one part communicating to another, and that at a distance, a power by which the latter shall react on the former and cause it to exercise a function of which by itself it would have been incapable, is calculated to shock those mechanical notions, which, with a greater or less latitude of application, we always transfer to vital processes. This, however, must be the order of cause and effect in this case, whether we suppose the *vis a tergo* to proceed from the heart, or from the great vessels.—There are other objections. The force of the heart may be, and often is, greatly increased, without producing the phenomenon of local inflammation. Again, if the character of these extreme vessels fits them for the reception only of an attenuated fluid, the *vis a tergo* would probably be expended in distending the red vessels, at least in ordinary cases; whereas the immediate effect of the slightest injury is to produce the injection of the white capillaries.

It is in order to escape from these difficulties, that some have been disposed to extend the range of vital action in the capillaries beyond the limits usually assigned to it, and to suppose them endowed with an active expansibility, in virtue of which they enlarge under the action of stimuli, and thus draw the red blood into their cavities, independently of any *vis a tergo* beyond the usual vigor of

the general circulation. By adopting this view of the subject, we at least avoid the idea of a transfer of action from place to place, and the process *quoad hoc* becomes wholly local. For the rest, the degree of probability of this theory may be best ascertained by comparing it with the known influence of remedies, and with other circumstances yet to be considered. In the mean time, we may safely resolve the second question, by defining the pathologic state of an inflamed tissue to be that in which the red capillaries are distended with an unusual amount of blood, and those which are naturally white are enlarged and filled with the last mentioned fluid.

As respects the third point, without at all admitting the *vis a tergo* as a proximate cause, we may suppose that local inflammation, having a certain extent, will affect the action of the heart, and produce increased frequency and hardness of the pulse. This effect is considered as sympathetic, and is purely vital in its character. The withdrawal of a certain amount from the general circulating fluid; the disturbed functions of the skin; and the state of the nervous system produced by pain, no doubt exist as occasional intermediate effects; but neither of them can be regarded as constant, nor are they of any advantage in explaining the connection between the principal facts. As regards the reaction of the heart upon the inflamed parts through the medium of the vessels, it is unnecessary to adopt it as an essential step in the process, except upon the questionable supposition of a *vis a tergo*, in producing which it is a necessary agent.

In considering the natural cure of inflammation and its relief by remedies, I purpose to regard those cases only in which it terminates at its first stage, without suppuration or ulcerative process. The discutient means adopted by nature are probably very simple, and consist in nothing more than an action, in the extreme vessels, the reverse of that which constituted the disease. Of the remedies employed, the action of many seem sufficiently obvious. The external remedies employed as discutients, have the effect no doubt of diminishing the calibre of the extreme vessels; an effect which is perhaps facilitated when a certain amount of fluid is suddenly withdrawn from the alimentary canal by the use of cathartic medicines. The effect of general bloodletting and of emetic substances, though less direct perhaps, is so perfectly analogous to those produced by these means at other times, that they cannot be mistaken. No one can fail to have remarked how rapidly the blood is withdrawn from the cutaneous red vessels of the face, under the influence of nausea from an emetic substance, or under that of venesection, even when not carried sufficiently far to produce deliquium or extreme faintness. Nor is this effect, in either case, of very short duration. It may continue with a gradual approximation to the former state for several days; quite a sufficient time, in fact, supposing the capillaries to have been filled by a morbid action, for this to be entirely suspended and subdued. The effect of either of these remedies can be made, in an ophthalmic case, most beautifully obvious. At the same time

that the face grows pale and the skin contracted, the ophthalmic vessels are found to participate in the same effect, and, from being crowded with a red fluid, to become at once transparent and invisible. I speak only as a pathologist, and without any reference to the propriety of bloodletting in this or in other cases, which must be determined by a reference to numerous and ever-varying circumstances. Into this wide field I certainly do not intend to enter.

Admitting as real the *modi agendi* of Nature and Art above mentioned, I may inquire whether they go to confirm, in any considerable degree, that doctrine of a *vis a tergo*, the existence of which I have thus far found reason to question. Supposing that the vessels do contract under the influence of remedies, is there more propriety in regarding this as an active process, and their contraction as passive, than the reverse? I am not ready to admit that there is. If one process must be passive because the other is active, —an assumption, admissible indeed, but wholly gratuitous,—I see not why they may not be active in producing the disease, and passive under the remedy. It is surely not difficult to admit that the proximate cause of inflammation is a stimulus; and I see no greater difficulty in the idea that bloodletting, emetics, and discutients, are sedatives in their operation on an inflamed tissue;—however, in some of their collateral influences, they may justly be regarded as stimuli.

I have reserved for final consideration a single remedy, the effect of which I apprehend has generally been thought peculiar,

—namely, bloodletting. Viewed in connection with the doctrine which it has been my purpose to combat, it has been said to lessen the congestion of the capillaries of the part through the medium of those directly acted on, and thus, by diminishing their contents, to restore their lost contractility, and enable them to reject their ungrateful occupant. It would be equally simple to say, in accordance with the opposite view, that the vessels are emptied of their blood by having a way opened to them through the now thirsty capillaries of the surface. But, in truth, both these explanations are equally unsatisfactory, and there yet remains an unexplained mystery in regard to the action of local bleeding, in many cases where it is thought to be useful. There have been those who, deriving their experience from the inefficiency of the animals called American leeches, have denied that local bleeding was of any benefit whatever; when, perhaps, the drop drawn by the lancet, and placed *heu frustra!* for a bait, was often the whole amount lost by the patient: while others have drawn twenty-four ounces with a cupping glass, and been delighted to find, as well they might, that the disease was relieved. Sometimes, I doubt not, the fear of the patient may have had a good effect, and sometimes the external irritation produced by a large scarification—no very gentle dermatomist—may also have been beneficial. Prejudice apart, however, and making due allowance for error and exaggeration, it is certain that the remedy has proved efficacious; and so long as this point is established, the ex-

planation of its mode of action, or the pointing out the path by which the vanquished enemy makes his escape, is comparatively unimportant.—Very respectfully,
 Your obedient servant,
 PATHOLOGUS.

BOSTON, TUESDAY, AUGUST 3, 1830.

MEMOIR OF DR. WELLS.

A BLANK has been created in our circles by the death of Dr. JOHN DOANE WELLS, who departed this life on the 25th ult., at the early age of 31 years.

In the death of Dr. Wells, the medical profession has been deprived of one of its brightest ornaments, the country of one of its most useful and respected citizens, and a numerous circle of friends of one who had endeared himself to them by every amiable quality. The life of our departed friend was short, but eventful and brilliant. The distinctions to which he had attained, would have shed honor upon a much longer life; but we have seen him, at an age when others are just starting upon their course, crowned with glory and honor;—while others have been laying the foundation for future usefulness, we see him already in possession of lasting distinctions. And now that he has left us, it becomes our duty, no less than our pleasure, to trace him in his honorable course, and dwell for a time upon that character which his friends will long delight in contemplating.

Dr. Wells was born in this city, March 6th, 1799. He graduated at Harvard College in 1817. Whilst at the University, he obtained the

respect of his instructors, and gained the affection of all his classmates;—among his more intimate friends were to be found those who were most distinguished for their virtues and their talents. Having determined upon pursuing the study of medicine for his profession, he for this purpose entered the office of Dr. Shattuck. He here applied himself with great diligence, and with a fixed determination of excelling in his profession. The students of Dr. Shattuck at this time enjoyed peculiar advantages for the study of Anatomy. It was here that Dr. Wells acquired the first elements of that science, and laid the foundation for his subsequent eminence as a nice dissector and able demonstrator. It was a custom among the young men with whom he was associated, for each one, after having dissected a part, to give a lecture thereon to his fellow-students. In this useful exercise our friend took much pleasure, and he would often give an exposition, which, for accuracy of knowledge, clearness of arrangement, and felicity of expression, would not have been discreditable to a much older and more experienced lecturer. Dr. Wells received the degree of Doctor of Medicine in 1820. The subject of his dissertation was Cancer. This dissertation was prepared with great

care, and was altogether worthy of its author. Having taken his medical degree, he determined, before settling in life, to visit Europe. He accordingly made his arrangements to sail in the following spring. Whilst remaining in this city without any particular occupation, an opportunity for useful employment occurred, which in after years proved of the utmost consequence to him. The late Dr. Smith, of New Haven, was at this time Professor of Anatomy and Surgery in the new Medical College at Brunswick, in the State of Maine. This gentleman was desirous of obtaining some young man to assist him in preparing for his lectures, and, for this purpose, wrote to his friend Dr. Shattuck to recommend some one. Dr. Shattuck immediately made the proposal to Dr. Wells, who readily acceded to it; and accordingly, in the month of February, 1821, he for the first time went to Brunswick, as assistant dissector to Dr. Smith. In the course of the winter, the Professor found it convenient frequently to call upon his assistant to take his place in the lecture room. This, Dr. Wells did with so much ability and so much to the satisfaction of all who heard him, that, in the following May, the Faculty at Brunswick appointed him Professor of Anatomy and Surgery, Dr. Smith having determined to resign as soon as one could be found to fill his place. The occupations of this winter, as we have above said, proved of the utmost importance to Dr. Wells. They would have been important to him, had it only been for the knowledge of anatomy which they enabled him to acquire, for the opportunities which they gave him of enlarging his acquaintance with the world, and the many new and interesting friendships which they enabled him to form. But they were of still greater consequence to him, by giving a direction to his future studies. Many of our young men visit Europe without knowing their particular wants, and, in consequence, their time is often mispent. Not so with Dr. Wells; he knew what he wanted. He was to be a lecturer; and to qualify himself for that office was to him an object of the first importance. He had already had some experience in the duties upon which he was soon to enter, and he knew wherein he was defective; and to supply these defects he applied himself with diligence. During his absence he visited France, England and Scotland, and availed himself of all the opportunities which those countries afford of improving himself in his profession. In France, he gave himself particularly to anatomical pursuits, and studied with care the best models of lecturing. He returned to America in December, 1822, richly laden with the fruits of his labors. In February, 1823, he commenced his first course of lectures at Brunswick. The talent which he had already displayed as a lecturer, and the advantages of improvement which he had enjoyed during his absence in Europe, had excited high expectations of him in the minds of all connected with the Medical Institution at Maine. These expectations were more than realized. His success was complete.

His lectures were listened to with profit and delight, and from this time forth he was regarded as the pride, the ornament and the support, of the Brunswick Medical School. The high reputation at which this institution has arrived, is in no small degree owing to the labors of its youthful Professor of Anatomy. He gave to it his whole heart and soul; and its Faculty, confiding in his judgment and fidelity, and with a liberality which redounds to their credit, entrusted him with ample means for the promotion of his favorite projects. To his exertions the College is chiefly indebted for its valuable medical library, and for the rich collection of preparations in its museum. Many of these books and preparations were selected by himself, during his residence in Europe; and all, which have since been added, have been under his immediate direction.* We say not too much, then, when we assert that to Dr. Wells principally does the Medical School at Maine owe its high reputation. It has been raised by his care; many of his works are still left behind, and will long continue to bear testimony to his talents, zeal and industry. Having completed his first course of lectures at Brunswick, he returned to Boston, with the intention of settling as a practitioner. In October, 1823, he was appointed Physician to the Boston Dispensary, which office he continued to hold for three years. He

carried with him to his labors on the Dispensary, all the zeal which he had displayed in his less humble pursuits as Professor of a medical school. He was unwearied in his attention to his patients, who became ardently attached to him, and had he remained among us, there can be no doubt that he would before long have enjoyed the confidence of a large and respectable circle of patients. In the mean time he continued his lectures at Brunswick, his business here, during his necessary absence, being left in charge of his relative and friend Dr. Doane. The fame of Dr. Wells had now extended throughout New England, and he had become decidedly the most popular lecturer in this part of the country. The number of his class increased every year, and many students who had completed their requisite courses of lectures for a medical degree in other colleges, attracted by his reputation, resorted to hear him.

In September, 1826, he was unanimously elected Professor of Anatomy and Physiology in the Berkshire Medical Institution, at Pittsfield, Mass. As the lectures at this place were carried on at a different season of the year from those at Brunswick, he was able to accept the appointment, and thus maintain his connection with both schools. In this school he soon became interested, and his labors were attended with as much success as those in Maine.

After he had closed his connection with the Boston Dispensary, and accepted his appointment at the Berkshire Institution, he no longer regarded himself as a practitioner in

* This remark is true of the works which are strictly medical; those relating to Chemistry and Mineralogy have been purchased under the direction of the distinguished Professor of that department in Bowdoin College.

this place. His friends had observed, with some degree of solicitude, that he always returned from his lectures worn out by his labors : but, by giving the summer to relaxation, he usually recruited his strength before the returning term. In the summer of 1829, to his cares, already too great, and which were evidently wearing upon a constitution never very strong, he added the charge of a class of private pupils at Brunswick. This addition to his cares, although not very great, was probably injurious to him by depriving him of his accustomed indulgences at this season of the year.

In the autumn of this year, the Anatomical chair at Baltimore became vacant. By the advice of his friends in this place, and by the earnest and repeated solicitation of the medical professors at Baltimore, he determined to offer himself as a candidate for that office, and accordingly forwarded his testimonials.

During this season his labors were very great. He was anxious to fulfil his engagements at Pittsfield before he should receive a call at Baltimore, which he had every reason to expect. He consequently labored incessantly, delivering two, three and four lectures a day, in order that he might complete his course before leaving his class. Speaking so many hours every day, in the manner in which Dr. Wells was in the habit of speaking, was an exertion of itself sufficiently great ; and when to this was added the necessary preparation for an anatomical lecture, one can easily understand that his work was of no ordinary kind.

In the month of October Dr. Wells received notice from Baltimore of his appointment as Lecturer on Anatomy for the approaching term of lectures in the Maryland University. His course at Pittsfield was not yet completed, and it became necessary, if he accepted his appointment at Baltimore, to be discharged from his engagements at the former place. From the Government of that Institution he knew that he could obtain a release, and it only remained to obtain the same from his class. He accordingly called his class together, and stated to them his case and his wishes. It deserves to be mentioned as a proof of the influence which he had over his pupils, and of the affection which they felt for their instructor, and of their interest in his welfare and reputation, that, at a subsequent meeting, they unanimously agreed that they would abide by his decisions, although they felt that by so doing they should sustain a great loss. Having thus been honorably discharged from his connection with the Berkshire Medical Institution, he set out on his journey to Baltimore. He was at this time much exhausted by his unceasing exertions. Arrived at New York, he complains, for the first time, of indisposition. In his subsequent letters from Baltimore, he declares himself to be quite recovered ; but his friends in that city wrote, after his return to Boston, that, whilst there, he appeared quite ill, and exhibited marks of great derangement in the digestive organs. There can be no doubt that at this time he was suffering under serious dis-

ease, although he still continued his labors with unabated zeal. His time, during this winter, was employed in revising his lectures and in the necessary preparations for their delivery, all of which, we are told, were accomplished by himself alone. The success which attended him at Baltimore is well known in this part of the country. His introductory lecture was received with the greatest applause, and more than answered the high expectations which had been raised; and through the whole course, we hear of nothing but expressions of unbounded admiration for his talents, learning and eloquence. The medical class unanimously express their high estimation of his worth. The Faculty of the Institution, with perfect unanimity, recommend him to the Board of Trustees as a gentleman eminently qualified for the office of Professor of Anatomy; and, at a meeting of the Trustees on the 3d of May last, he was unanimously elected to fill that place.*

Having completed his first engagement at Baltimore, it was necessary for him to hasten back to Brunswick, where his presence was required, the lectures at that place having already commenced. It was the month of March; the weather was cold and rainy, and the roads extremely bad. He left Baltimore on Monday morning, and, travelling without rest, night and day, sometimes being obliged to leave the stage and walk, owing to the sad condition of the roads, he arrived in Boston on Saturday even-

ing. His friends were much alarmed at his appearance, for it was that of a very sick man. But no entreaties could prevail upon him to remain here and recruit himself. Having taken only one night's rest, the next evening he resumed his journey to Brunswick. Having reached that place, his friends found him with a sallow countenance, a body much emaciated, and his whole system giving evidence of extreme debility from over-exertion. A man of ordinary zeal would have found in this condition a sufficient cause for resting from his labors. But the spirit of Dr. Wells seemed inexhaustible. He was determined to continue his lectures; he would leave his bed, be carried to the college, and, having delivered his lecture, be carried home again, and keep his bed during the remainder of the day. He continued in this practice for about a week, when it became physically impossible for him to persist in it longer.

At this time he was attacked with pulmonic complaints, which yielded to the treatment which was adopted. As they subsided, symptoms of gastrointestinal disease supervened, such as loss of appetite, frequent eructations, and extreme costiveness, which called for the constant use of cathartic medicines—the operation of which were attended with great pain in a particular tract of the intestines, which would last for many hours, with violent and long-continued vomiting. In May he had so far improved, that he was able to ride to Portland. Here he was seized with a dyspnœa, (an attack of which

* Baltimore Monthly Journal for February and May, and this Journal May 25.

he had previously had at Brunswick, which prevented his laying down for several nights in succession, troubling him, however, but little during the day. Having recovered from this last attack, he proceeded to Boston by steam boat, where he arrived towards the close of May. At this time he had sufficient strength to sit up and ride abroad. But an attack of dyspnœa, more violent than he had yet experienced, reduced his strength so much that he was never able to leave his house again. His gastric complaints still continued, and were often very troublesome; there was also a loss of vision, at first in the right eye, and afterwards in the left, and a deafness in one ear. With the exception of an occasional headache to which he had always been accustomed, these were his only cerebral symptoms. His mental powers were never in the smallest degree impaired, but continued clear and active to the moment of his death. His pulse throughout his sickness were quick—94 to 100—and hard. He was now much reduced, and both he and his friends apprehended that his end was near. It has been a peculiarity of his case, that there has been a constant fluctuation in his symptoms. At one time he would be attacked with distressing complaints of the digestive organs; from these he would in a measure arise, and be flattered with a prospect of recovery. Suddenly he would be attacked in some other organ, which would again bring him low, but from which he would again recover; each attack leaving him more reduced than the previous, and ren-

dering him less fit to combat with those which were to come. A few weeks previous to his death, there was an evident improvement in his symptoms: his eyesight and hearing were restored, he was able to take food, his nights were quiet and refreshing, and his friends were flattered that he would still be spared to them. But the late extreme hot weather was very exhausting to him. He could get no sleep, his appetite left him, and to these were soon added agonizing distress whenever he took the least article of food into the stomach. These symptoms continued for a few days, when at about 9 o'clock on Sunday morning, July 25th, after suffering a severe paroxysm of pain, he suddenly died.*

We shall close with some remarks on the intellectual and moral character of our departed friend.

* On examination, after death, the following appearances presented. BRAIN—dura mater flaccid; sinuses and veins free from blood; the brain universally pale; some serous effusion on the surface; ventricles contained some water, and from their enlargement gave evidence of having contained more; plexus choroides pale, as if it had been soaked in water. Substance of the brain moderately firm; parts remarkably large and distinct, particularly the pineal gland and the crura. Medulla oblongata and spinalis very firm; no appearance of inflammation; some water between the coats.

CHEST—contained about two pints of water. Heart large; left ventricle very firm; no water in pericardium; rims of aortal valves cartilaginous; inner coat of aorta yellow. Air cells of lungs remarkably filled with water and mucus; adhesion at the summit of right lung; all the other parts free from disease. Near the adherent part, thickening and a few tubercles.

ABDOMEN—Liver of large size, dark color; when divided, apparently healthy. Gall bladder distended with bile. Stomach, colon and small intestines, large,

The friends of Dr. Wells do not claim for him uncommon greatness or originality of mind; although all must admit that his talents were of a high order. He was particularly distinguished for quickness of perception; and if not calculated to strike out new paths in the fields of science, he was ready in discerning and embracing important truths when once presented to his mind. His memory was ready and retentive, and the correctness of his judgment generally led him to the adoption of just opinions. He had rendered himself well acquainted with the most approved writers in our profession. His mind was not crowded with a knowledge of useless and obsolete opinions, but it was well stored with useful learning, which he possessed the happy faculty of turning, on fit occasions, to a good account. As a lecturer, we are not able to speak of him from personal knowledge. Those who have known him in that capacity speak of him as possessing great powers. His voice was clear and strong, and his utterance distinct; his countenance animated and full of expression; his command of language uncommonly great; his acquaintance with his subject very thorough; and his active and collected mind wielded with great skill the materials with which it was enriched. His zeal in

and distended with air and other materials. Pancreas slightly indurated, and enlarged from before backward. Spleen small and purple. No marks of inflammation about serous coat of intestines. Considerable serum in cavity of abdomen. Mucous membrane of stomach and intestines *remarkably charged* with mucus of yellow color. Some redness in cardiac portion of stomach. Pyloric orifice free from disease.

his profession was unquenchable, and it urged him on with a power, which neither languor nor pain nor sickness could in any degree subdue. Such was his love for lecturing, that during the intermissions, in his visits to his friends in this city, he would often express to them a longing desire for the time to return when he could again engage in them.

It was his moral qualities united to his intellectual powers which constituted the charm of his character. It was these that rendered him one of the most interesting of men; that endeared him so much to his friends, and won the confidence and esteem of all who became acquainted with him. It was these qualities that made him the good son; the affectionate brother; the faithful friend and the pleasing companion, and which cause his death to be so keenly felt through a large circle of acquaintance. In his disposition Dr. Wells was uncommonly benevolent and affectionate. An unkind word never escaped his lips; an unkind feeling never found a place within his bosom. He was susceptible of all the tender sympathies of life. He knew how to impart happiness to his friends, and to cheer the drooping spirits of the downcast stranger. His heart appeared as uncontaminated by sin, as when it came from the hands of his Maker; and within his bosom habitually dwelt pure desires, generous affections, and lofty and honorable feelings. He possessed an uncommon power at winning hearts. Whoever become acquainted with Dr. Wells without feeling an affection for him? At College he was

decidedly the most popular young man in his class; and in all the different and important stations which he has since filled, the same love and favor has attended him. And what was there in his character which entitled him to such distinction? Not his superior talents alone, nor his many accomplishments,—but the purity of his heart, the integrity of his principles, his confiding disposition and the artless simplicity of his manners. His real character was clearly written in his countenance, which was manly, ingenuous, amiable and intelligent. In his intercourse with the world he treated every one with due deference; but he would not forego the strict principles which guided him, to obtain the favor of the most exalted. He was polite to all, but it was not that cold and artificial politeness which we too often meet with in society, and which is nothing more than one of the many forms which selfishness assumes; but his politeness flowed from the natural goodness of his heart, which led him to be kind to every one—and from a native delicacy of feeling, which unconsciously shrunk from giving offence to any. It was, then, the artless simplicity of his manners, united to purity of feeling and firmness of principle, and a mind active and intelligent, which threw a fascination around him, and rendered his society acceptable to all, and endeared him to those who became intimately acquainted with him.

Should we be asked what was the most prominent trait in his character, we should be unable to answer. No one quality stood preëminent beyond

the rest, neither was there any striking defect which his friends had to lament as detracting from the beauty of the whole. His mind was remarkably well balanced, and presented every part in beautiful and harmonious proportions. In his domestic relations his duties were performed with exemplary fidelity; his friendship was ardent, sincere and generous; his benevolence free from ostentation, and tempered with judgment; and his intercourse with the world was marked with honor and integrity. His mind was well disciplined, and his appetites, passions and affections, were subjected to the higher powers of reason and conscience, and rendered subservient to the great purposes of his moral and intellectual being. His learning was free from pedantry, and amidst all the caresses and flatteries of his numerous friends and admirers, he retained the native modesty of his disposition. Some may be inclined to attribute his success in life to fortuitous circumstances; but such was the activity of his spirit and the energy of his purpose, that, under circumstances much less propitious, he would have attained to distinction. He was ambitious,—but his was not that sordid ambition which terminates in self-aggrandizement and self-promotion; it was of that lofty and honorable character which aims at acting well and promoting the great interests of society.

From what has already been said, it might be inferred that the mind of our friend was no stranger to those holy influences and affections which unite man to his

Maker, and fit him for the invisible world. His religious principles were not the mere result of habit and early education, but were founded in the honest convictions of his mind. Whilst a student in medicine, having studied the evidences of our faith, he examined with care the controversies of the day. This examination established his belief in one God and one Mediator between God and man. In January, 1828, he made a profession of his faith by joining the church under the pastoral charge of his early friend and adviser, the Rev. Dr. Lowell. Religion was with him a practical principle which had become intimately blended with his soul, and which purified and sanctified all his affections. It was this principle that supported him in life, and sustained him in death. It was this that preserved him uncorrupted amidst the flatteries and enticements of his prosperous course; and it was this that supported him under the trials and sufferings of a lingering sickness. There were periods during the confinement which preceded his death, in which his character exhibited a moral sublimity which it was delightful to witness. From the commencement of his medical career, his life had been one of uninterrupted prosperity; and as he advanced, the prospect before him constantly became wider and more glorious. Prosperity had no power in corrupting him, and it remained to be seen how he would sustain himself under trials. At last he is interrupted in his

course, and laid upon the bed of sickness. He feels that the powers of his system are failing, and is conscious that death is approaching. He passes days and nights of languor and uneasiness, but he utters no complaints. His sufferings are at times distressing, but no murmur of impatience escapes him. Whilst those around him are overcome with grief and despair by the thought of the approaching event, he alone remains calm and collected. He looks forward to death with as much composure as he would to a journey. He arranges his business; he converses with his friends, and gives his parting advice to those to whom he has always been as a father. He is sustained by the power of faith; his soul is elevated with a consciousness of its immortality. Death to him is but an incident in his existence; he feels that in leaving this life he is only to enter upon a new and broader sphere of action. He shuts his eyes upon the brilliant prospects which have been placed before him in this world, and directs them steadfastly to those brighter scenes which lay beyond the grave.

Such was the life and such the death of our valued friend. No one ever had greater cause for wishing to live, and no one could be more ready to die. During his life he was the comfort and pride of his friends, and in his death he has left them full of the hope and consolation that he has gone to inherit a crown of everlasting glory.

DEATHS IN BOSTON, THE FORTNIGHT ENDING JULY 24.

Males, 25,—Females, 25. Total, 50.

Of these, 2 have died of dysentery and 4 of cholera infantum, and 4 in the first week are reported to have died suddenly, probably in consequence of the extreme heat of the weather.

ADVERTISEMENT.

NEW WORK.

THIS day received, by CARTER & HENDEE, Memoir on the Treatment of Venereal Diseases without Mercury, employed at the Military Hospital of the Val De Grace. Translated from the French of H. M. J. DESRUVELLS, M.D. &c. &c.

To which is added, Observations of the Venereal Disease without Mercury. By G. J. GUTHRIE, Esq., Deputy Inspector of Hospitals, Lecturer on Surgery, &c. and various documents showing the results of this mode of Treatment in Great Britain, France, Germany and America. Aug. 3.

MEDICAL TUITION.

THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructors best calculated to aid the progress of their pupils. In practical Anatomy, they will avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

Terms, 100 dollars for a year; 75 dollars for six months; and 50 dollars for a quarter;—payments to be made in advance. Application may be made to Dr. HALE, No. 14 West Street.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26.

6t.—July 13.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly

keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 133 Washington Street.

MED. SCHOOL IN BOSTON.

THE Courses of Lectures begin annually on the third Wednesday in October, and are continued daily for three months, on the following subjects:—

Anatomy and Surgery, by JOHN C. WARREN, M.D.
Chemistry, by JOHN W. WEBSTER, M.D.
Materia Medica, by JACOB BIGELOW, M.D.
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.
Theory and Practice of Physic, by JAMES JACKSON, M.D.

The apparatus and collections of specimens used in illustrating the demonstrative courses, are very extensive. The fees for all the courses amount to \$70. Board is obtained for about \$3 per week.

This institution now offers greater advantages for the acquirement of a thorough medical education, than it has done at any former period of its history. During the last two years the means of obtaining practical knowledge of the anatomical structure of the human body have been amply supplied to pupils, probably at a less expense than in any other of the schools in the United States. The opportunity of witnessing numerous important and capital operations in surgery, and of attending the clinical practice of one of the best regulated hospitals in this country, are gratuitously afforded to all who attend the lectures of the professors.

June 22.

7t

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

Published weekly, by JOHN COTTON, at 134, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, AUGUST 10, 1830.

[No. 26.]

I.

BIOGRAPHICAL NOTICE OF SOEMMERING.

THIS distinguished anatomist and physiologist died at Frankfort, March 6th, in the 76th year of his age ; and the following notice of his earthly career is contained in the French *Journal Hebdomadaire*.

From the character of his writings, and the solid basis of his reputation, Soemmering may be looked upon as one of the fathers of science. To the Germans, indeed, he appeared in the light of a contemporary and fellow laborer; but to us, who have only known him in his works, he seems rather to have belonged to another age. We associate the idea of him with that of Albinus, with whom he possessed so much in common.

Samuel Thomas Von Soemmering was born at Thorn, the 25th of January, 1755. He received the degree of Doctor at the University of Gottingen, in April, 1788, and from that period began to establish in Germany that reputation for science which continued to increase with his works. The inaugural dissertation of Soemmering was entitled, *Dissertatio de basi Encephali et Originibus Nervorum Cranio Egreredientium*. Already, in this first and important work, appeared that admirable

activity of investigation, and astonishing power of invention, which always characterized the talent of Soemmering. In 1779 he published a volume, in quarto, on the Functions of the Lymphatic System in Health and Disease, and on the application to be made of such knowledge to the purposes of practical medicine.

About this period, so fruitful in moral and political discussions, many philosophers, and among others Raynal and Condorcet, were wont to plead the cause of the negroes, whose emancipation they demanded in vehement and systematic declamations. Attention was directed to this question from every quarter, and it was on this occasion that Soemmering published his Treatise on the Physical Differences which distinguish the Negro from the European. The first edition of this work was published at Mayence, in 1784, and was followed by another, which appeared at Frankfort, in 1785. In the same year our author produced a Dissertation on the small Calculi which are found in the Pineal Gland and its immediate vicinity. Always interested about the brain, Soemmering published a work on the Decussation of the Optic Nerves, and, in 1788, one on the Brain and Spinal Marrow. In the interval between these two publications, he composed a Me-

moir on Crises and Critical Derangements. Another, in 1788, made much noise in Germany and France, perhaps chiefly owing to the nature of the subject : it was upon the pernicious Effects of Corsets. The numerous discoveries which he had made on the structure of the brain were only known to the *Savans*, but no sooner did he write about stays than all Europe became familiar with his name !

The cabinet of Cassel contained a magnificent collection of monsters. Soemmering studied with care all the curious examples which were there collected, and, in a treatise on the subject, he described the singular cases which he had remarked in this museum. Even here he contrived to be original, in a description which appeared little calculated for the display of talent. The most able part of these observations is that which relates to acephalous and polycephalous monsters. In 1791 appeared a work on the Cure of Calculus ; and in 1795 he composed, in conjunction with T. Wentzel, a very interesting Dissertation on the Bones of Gouty Persons.

It was maintained by some, that fracture of the vertebræ was always mortal: Soemmering combated this opinion ; and, in a work which appeared in 1793, he proved, by facts and reasoning thereupon, that, even in the cases where chronic disease of the vertebræ has produced their entire destruction, a chance of safety may remain.

We have not yet spoken of one of the works of Soemmering which has obtained the greatest success, and not without cause : it is his Manual of the Structure

of the Human Body. A great number of editions, published at different times, attest the merit of the work. In some places, indeed, where the art of multiplying editions has become an integral part of literary merit, this would have been no decisive proof ; but in Germany, where they do not recompose a book till the former edition has been sold, the repetition of the publication generally shows that the work is meritorious. The one in question is remarkable for the extreme fidelity of the descriptions, as well as for the number and variety of the facts which it contains. Some parts deserve higher commendation ; such are the osteology and the description of the brain and nerves. The last, indeed, was always a favorite subject with Soemmering, and among his later works upon it was one entitled, "On the Organ of the Soul." In this he maintains an opinion which has not the merit of novelty, nor the solidity of his general doctrines ; he holds, namely, that the soul has its seat in the humidity which, during life, lubricates the ventricles of the brain. In 1811 he gave an account of some interesting researches regarding the fluid in the nerves, and on its uses and connexion with the nutrition of these organs in the healthy and diseased conditions. Nor must we omit to mention, in relation to this part of the subject, his tables of the base of the brain, in which are represented with great beauty, and we believe with extreme correctness, the principal differences which exist between the encephalon in man and the lower animals.

The Society of Gottingen had

published a programme on the causes and prevention of hernia. Soemmering replied to this in a treatise on Umbilical and Inguinal Ruptures. A singular accident attracted public attention to this work : the author had advanced various propositions regarding the effects of high breeches and hot beverages, on the production of hernia. There soon appeared an anonymous criticism on the doctrines advanced by Soemmering, the indecency of which was its most remarkable peculiarity. In the last of these he advanced the opinion now generally adopted, that umbilical hernia never forms in adults through the umbilical cicatrix itself, but in the linea alba in its neighborhood. The works of Soemmering almost defy enumeration in a notice such as this, but we must add to the list his plates of the Ear, the Eye, and Organs of Voice, and those of the Human Embryo. It is this last which has led the way to the important researches in embryology which have since been carried on by the Germans, —Baer, Meckel, Tiedemann, Carus, and others. Soemmering, however, was the first who gave an exact figure of the embryo, and of the successive gradations of its development from the fourth week after its conception.

The last work of this illustrious author was on the Fatal Diseases of the Bladder in Old Persons, the first edition of which appeared in 1809, and a second in 1822, being, as we believe, the close of Soemmering's professional writings.

In 1828, Soemmering attained the fiftieth year of his doctorate. It is a general usage in Germany to celebrate a kind of jubilee in

honor of those who have grown old in scientific labors and fame. On this occasion, all the most distinguished men in Germany hastened to render homage to the aged philosopher.

II.

CASE OF COMPLETE PROLAPSUS OF AN IMPREGNATED UTERUS.

By WILLIAM COULSON, Esq.,

Consulting Surgeon to the London Lying-in Hospital, and Surgeon to the General Dispensary.

MARY ANN REDBURN, ætat. 22, of a delicate constitution and short stature, applied to me on the 23d of April, 1830, for a prolapsus of the womb. The patient stated that she had been delivered about a year ago of a male child, and that, in a month afterwards, without any assignable cause, the womb descended beyond the external lips, in which state, with very little exception, it had continued up to the present time. At the time of the first descent, in May, 1829, the uterus was of the size of an egg : it generally, though not always, returned to its natural situation at night, and descended in the morning. The menses also were regular. At Christmas, she ceased to menstruate ; all the symptoms of pregnancy occurred, and the uterus returned into its natural situation with much less frequency than before. In fact, for five weeks prior to the patient's coming to me, the uterus had remained, both night and day, completely prolapsed ; which circumstance induced her to apply for relief. On examination, I found the whole uterus, which was as large as a cocoa-nut, and not unlike it in

shape, protruding beyond the external lips; the base of the tumor being surrounded by the lesser lips, and the vagina doubled on itself. The part was very red and hot, but not tender to the touch; the os uteri, to the extent of an inch around, was ulcerated, and the uterus itself felt as if there was a foetus in it. The patient experienced a dragging sensation from the loins, and felt occasional pains across the lower part of the abdomen.

Treatment.—I recommended that she should keep constantly on her back, apply emollient applications, as fomentations or light poultices, and the tormentilla wash, to the ulceration. In addition, to support the part with a well-adapted bandage; but *no attempt at reduction was made.* Internally, castor oil was exhibited. At the end of a month, by this plan of treatment, the uterus had returned in a great degree, the os uteri being only visible beyond the external lips.

On Monday, May 24th, the membranes burst, and a good deal of water came away: in the evening, no part of the womb protruded; lingering pains supervened, and continued till five o'clock, A.M., of the following Thursday, when true labor pains came on; and a quarter before six she was delivered, without any medical assistance, of a male child. I am informed that it was a foot presentation, and that the child exhibited signs of life for three-quarters of an hour after birth.

At half past one of the same day (Thursday), I visited the patient with Mr. Jackson, of Church Street, Spitalfields, who had seen her the night before. The placenta not having come away, Mr.

J., on examination, found it lying in the vagina, and removed it. The uterus was in its natural situation.

Remarks.—There are numerous instances on record of complete prolapsus of the womb, both in the impregnated and the unimpregnated state; but cases like the preceding, in which impregnation occurred at the time when a complete prolapsus existed, are more rare, and show that the most striking displacement of the organ neither prevents conception and the development of the foetus, nor materially interferes with the health of the mother. The case also illustrates that, by the treatment pursued, the size of the tumor diminished as the time of labor approached. The following case, taken from vol. xliii., p. 367, of the *Journal de Medecine*, bears on the first of these points.

“Elizabeth Gautier, after being married nine years, became pregnant for the first time. From the age of fifteen she had been subject to a complete descent of the womb, with inversion of the vagina: this occurred when she was menstruating, and was attributed to catching cold during that period. At bed-time she returned the womb into its natural situation, and in the morning it always came down. During her pregnancy, the whole of the womb protruded beyond the outer lips, the patient experiencing no other inconvenience than a difficulty, towards the end of her time, in making water, of which she always relieved herself by raising the tumor.” An unjustifiable operation was resorted to in this case, at the time of labor, viz.,

dividing the neck of the uterus : the child, which had arrived at its full time, was dead born ; the mother recovered.

Wonderful as it may appear, that impregnation and the development of the fœtus should take place in a person with a prolapsed uterus, it is almost equally surprising that in this state the fœtus should be expelled without difficulty. This struck the attention of Harvey,* who mentions the following case of a poor woman, who long labored under the bearing down or precipitation of her womb, to show that the uterus has its share in the business of delivery. After trying various means, he says, “and now at this time it [the tumor] was as large as a *bull's cod*, dangling between her leggs : so that I suspected, that not onely the *sheath*, but that the *wombe* it selfe was now inverted, or else that shee was diseased with a *uterine hernia* or *rupture*. It grew at last bigger than a *man's head*, being then a hard tumor, and hanging down to her *knees* did much pain her, so that she could not goe (but upon all foure), and breaking just in the bottom of it, it did effund a moisture (as if it had been an *ulcer*) and blood with it. Looking upon it (for I did not explore it by touch) I did suspect it to be a *cancer* of the *wombe*, and therefore did bethink my selfe of a *ligature*, and cutting it off : and in the interim, I advised her to apply gentle *fomentations* to it, to assuage the paine. But the following night, an *infant* perfectly shaped, of a span long, was cast

out of that *tumor*, but it was dead.”

Another striking point connected with this subject is, that the uterus should sometimes be completely prolapsed at the period of its greatest expansion, even during labor. Sabatier,* in an excellent paper on the Displacements of the Uterus and Vagina, says, that when we recal to mind the situation of the womb, the strength of the ligaments, whose office it is to keep the organ in its place, and the connexion of the vagina with the surrounding parts, it is difficult to conceive that it should be subject to so extensive a displacement as that of which we have just been speaking. But it is still more difficult to conceive how this displacement should occur during pregnancy, and even during labor. Nevertheless, there are several cases of the kind recorded, and he mentions two. The complete prolapsus of the womb could scarcely, one would imagine, be mistaken for any other affection ; but it has happened, says Sabatier, that women with precipitation of the womb have passed for hermaphrodites, because the tumor, which escaped from the natural part, had been mistaken for a penis. The shape of the tumor will of course vary in the impregnated and unimpregnated state, but a careful inspection of the part will be sufficient to discover the nature of the complaint.

* Exercitationes de Generatione Animalium. London, 1651. The translation published in 1653, 8vo. vide page 495.

* Sur les Deplacements de la Matrice et du Vagin. in the 3d Vol., p. 368, of the *Memoires de l'Academie de Chirurgie*, 4to. Also published, with little alteration, in the *Medecine Operatoire*, by the same author, Vol. III., p. 654. Edition of 1824. Vid. also some able articles on this subject in Mr. Samuel Cooper's Dictionary, and in the Dictionnaire des Sciences Medicales, t. xxiii.

In my case and that of Gautier before related, the symptoms were slight, and the health of the patient but little affected. In both cases, also, prior to impregnation, the menses were regular,—showing that the displacement of the organ did not interfere with its commonest function. A dragging sensation in the loins, occasional desire to make water, tenesmus, inflammation and ulceration of the most prominent part of the tumor, are the usual symptoms of the complaint.

The treatment to be adopted in this affection is extremely simple. If the unimpregnated uterus be prolapsed, and the prolapsus has but recently occurred, the part may, in general, be reduced without difficulty or danger;—if, on the other hand, the descent of the womb has been of longer duration, and there be much swelling and tumefaction of the part, it is obvious that by the recumbent posture, leeches, emollient applications, support to the part, and proper medical treatment, the inflammation must be removed before the reduction be attempted. The coexistence of pregnancy in this state renders the case more difficult: if the prolapsus occurs in the early state of impregnation, bearing in mind the observations which have just been made, we may endeavor to replace it; but if it occur in a more advanced period, or, as in my case, the surgeon has not the opportunity of seeing it till then, any attempt at reduction would be highly improper. I should advise, under such circumstances, the same plan as was adopted in Redburn's case. The treatment to be pursued in a complete prolapsus of the womb

at the time of labor, is a subject which I will leave to accoucheurs to determine. I will merely observe, in conclusion, that when the prolapsus has been reduced, and the state of the parts will admit of the use of the instrument, the patient should on no account neglect to wear a pessary, to prevent a recurrence of the mischief.*

III.

HÆMATEMESIS—EXCISION OF A RIB.

THE following cases are reported as having been treated at the French Hospital La Charité.

Hæmatemesis produced by the Rupture of a Branch of the Coronary Artery of the Stomach.—Death.

Louis Petit, æt. 29, admitted April 30. By trade a carpenter, of sanguine temperament, addicted from childhood to intemperance and excessive use of spirituous liquors. Was seized five years ago by vomitings of blood, which continued for eight days, returning during that time every night at the same hour. The remedies he took, including astringent drinks, stopped it at this time, but the patient was so much exhausted with the loss of blood that he was confined to his bed for two months.

On his recovery, notwithstanding the warnings of his medical attendants, he drank as much brandy as ever, without, however, materially affecting his health.

April 13, 1830.—He began to feel heat and pain in the epigastric region; he almost entirely lost his appetite; and in the evening of the 30th, on returning from

* From the London Medical Gazette.

his work, a general feeling of illness obliged him to take to his bed, and immediately afterwards he vomited a quantity of blood, estimated at five or six pounds: he was immediately taken to the hospital. No blood was abstracted from the veins, his pulse being small and easily compressed, and he appeared quite exhausted. Mustard poultices were applied to the feet.

May 1st.—During the night the patient vomited, but not abundantly; the pulse has arisen, and he is recovering strength. Hirudines xx. to the epigastric region, low diet, and an emulsion of gum and syrup of quinces.

8th.—Yesterday evening the patient had a return of the hæmatemesis, and vomited a considerable quantity of blood. His general state is not altered; bowels confined. Twenty leeches to the anus. Continue emulsion.

At five o'clock in the afternoon, a return of the hemorrhage, more violent than the preceding, brought on great prostration of strength, and at ten he died.

Postmortem.—The excessive paleness of the stomach and small intestines contrasted strongly with the redness of the large. The stomach contained a sanguineous fluid, in which a few clots of blood were floating. About three inches from the cardiac orifice, an ulceration was found, of nearly three lines in depth and six or seven in diameter; its edges were thickened, and had a scirrhus feel, formed by the condensed cellular tissue and muscular membrane; in the centre was a conical prominence, at the top of which was a clot of blood, half an inch in length when drawn out.

A probe carried into the cavity of the coronary artery, on the external surface of the stomach, was carried into the centre of the prominence, and pushed out the fibrinous plug which closed the opening. The probe, while carried along the under surface of the ulcer, entered a second canal diametrically opposite to the first; it was, in fact, the same artery nearly divided by the ulcerative process, but still connected by a filament of the arterial coat. The rest of the mucous membrane of the stomach was unaltered either in texture or color.

It is remarkable, in this case, that the whole ill effects of his indulgence in spirituous liquors should be confined to a single spot of the mucous membrane of the stomach, while his general health did not appear in any degree injured. It is also extremely difficult to account for the manner in which the hemorrhage stopped after eight days, since it appears that a rupture of the artery then, as now, must have been the cause of it. Ordinarily, however, in these cases, a return of hemorrhages takes place at short intervals; whereas here, for five years, he was entirely free from all symptoms of it. Could the astringents have in any way effected the plugging of the torn artery by a clot of fibrinous coagulation? It is rather a peculiar case, and seems well worth recording.

Case of a Rib affected with Caries being dissected out.—Death of the Patient.

Louis Evrard, æt. 38, admitted March 23, 1830, with a small fistulous ulcer above the fifth rib of the right side, from which had

been discharged, for some time, purulent matter in abundance.

A probe, passed under the skin in the sinus, seemed directed to the fifth rib, near its centre, and which appeared rough and denuded, but it seemed difficult to determine whether the disease was necrosis, or caries of the bone, the history of the patient giving but little assistance.

The patient was thin, emaciated, suffering from severe cough attended with thick mucous but not purulent expectoration: on the contrary, the matter discharged from the fistula was decidedly purulent; consequently they were very distinct from each other, and hence all idea of connexion between the surface of the bronchiæ and the lining of the ribs was dismissed.

On the 24th of April, M. Roux proceeded to dissect the rib out, after having taken every means to convince himself that the disease had only attacked that bone in the centre, and that those of the other side were free. The operation was performed in the following manner:—

The whole of the soft parts, covering as much of the bone as was affected, was surrounded by two semi-elliptic incisions, passing immediately under the right nipple, and extending to the sternum. The chain-saw was then passed, by means of Deschamp's seton needle, to the two extremities of the diseased bone, and about four inches were taken out. The part, however, next the sternum not appearing sound, a still further portion was taken off with a circular saw. The pleura costalis was naturally adherent to the inferior border of the rib, but at the superior it had

been separated and pushed in by an accumulation of putrid pus. M. Roux convinced himself that this did not communicate with the interior of the chest, and he could discover no further mark of disease. It was then dressed simply, and during the next two or three days the wound looked well, and the patient's cough was less painful, though quite as frequent.

On examining the bone, it was found to be in a state of true caries; the superior and internal surface especially were rough, and entirely denuded, and becoming gradually less diseased as it approached the extremities.

After the second day, oppressions and pains in the side became more serious, and the patient rapidly sunk with symptoms of pleurisy of the right side.

Postmortem.—The right cavity of the chest contained a considerable quantity of sero-purulent fluid, and some albuminous flakes, all apparently of recent formation: the two inferior thirds of this cavity were filled with the fluid, but above, it required some force to separate the lungs, on account of old adhesions; and the tearing that resulted, showed the lung all studded with tubercles in an advanced stage, and the internal surface of the fourth, second and third ribs, disorganized by caries,—and the points where this disease was most advanced, were those which corresponded with the tuberculous masses. The caries extended to the posterior part of the ribs, which broke with great ease; it was worthy of remark, however, that the portion of pleura from whence the rib was taken appeared perfectly

healthy, and had formed no adhesion with the membrane lining the lung. The tubercles had not suppurated in any part. There was nothing remarkable in the other organs.

IV.

EARLY DAYS OF THE GOUT.

FRIEND, the very learned author of a treatise on the history of Physic before his day, gives us the following account of the treatment of the Gout as recommended by ÆTIUS, who wrote about the year 400.

I shall take leave of this author (Ætius) with giving you a sample of a remedy for the *Gout*, both because it is somewhat extraordinary, and the first in its kind, I believe, in the history of Physic. It is an external medicine: he calls it the *Grand Dryer*. The patient is to use it for a whole year, and observe this diet besides in each month. He calls months by the Alexandrian or Egyptian names, but in English the direction runs thus:—"In September, to eat and drink milk; in October, to eat garlic; in November, to abstain from bathing; in December, not to eat cabbage; in January, to take a glass of pure wine in the morning; in February, to eat no beet; in March, to mix sweet things both in eatables and drinkables; in April, not to eat horse-radish, nor in May the fish called polypus; in June, to drink cold water in a morning; in July, to avoid venery; and lastly, in August, to eat no mallows." This may give us some idea of the quackery of those times; and yet there is a more extravagant antidote than

this in Alexander for the same distemper, which must be used too for a twelvemonth, with the following regulation:—"To be given in January, February, March, and April, five days in each month alternately; in May three, and in June two, alternately; in July, August, and September, each one day; in October and November, each two days, and in December, four alternately." So that there are thirty-six doses in the year. At the same time the patient must abstain from wine, swine's flesh, beef, hare, cabbage, mustard, milk, &c. He has another too consisting of three hundred and sixty-five potions; and this must be taken so as to furnish out a course for *two* years: and I dare say, whoever will have patience to go through such a regimen, for so long a time together, and entirely conform himself to these strict rules, will complain less of the gout than we find they do in our modern times.

In connection with this subject, we offer the following letter which has accidentally fallen into our hands, as it describes the original use and reputation of a remedy now in general use.

A LETTER UPON THE GOUT.

Written by M. EMERIGON, King's Attorney in the Royal Jurisdiction, and at the General Court of Admiralty of the Town of St. Pierre.

*St. Pierre, Martinique, Feb. 8, 1776.
To Mons. the Count de NOZIEROS.*

SIR,—I will now give you the relation which you request of me, respecting my Gout and supposed cure.

This malady is not hereditary

with me. I felt the first stroke of it in 1767, aged then about 55 years.

Frequent pains which circulated in my feet, knees and hands, were omens of it. I did not, however, think myself a subject for the gout; but a strong fit which came upon me in 1769, convinced me that I was really arthritic. That fit was followed by many others; often many in a year, and always longer and more violent. Both feet, the knees, and hands, were attacked; sometimes separately, and sometimes together. My last fit, in September, 1774, was extremely cruel; the attack was general, and I suffered, during more than two months, inexpressible pains:—fomentations and cataplasms of all kinds were, during the crisis, used in vain;—they gave me no relief.

I was desirous of knowing the cause of this disease; sad consolation! our ancient and modern doctors informed me that the gout was an invincible malady; that its nature was unknown; that it was the sovereign mistress of pains, and could not be subdued by violence; that it became more formidable in proportion to the number of attempts made to conquer it; and that all means used to mitigate or overcome it produced but momentary ease, and tended to irritate and prolong it: in short, that the best remedy during the pain was the pain itself. I was assured, nevertheless, that an old gouty man, who had lost the use of all his limbs for more than five years, had been radically cured by a medicine for which he was indebted to a Caribbee. I verified the fact, and, certain of that cure, immediately made

use of the same remedy, of which I soon proved the salutary effects.

The composition is as follows, viz:—Into a bottle containing about three pints of taffia, infuse two ounces of gum guaiacum pulverized. Stop the bottle well, and expose it to the sun for seven or eight days. Stir and shake it from time to time, facilitate the dissolution of the gum, and observe not to fill the bottle entirely, lest the effervescence should burst it; filtrate the liquor through cotton, or blotting paper. The common strong black bottles are proper to receive and preserve this medicine, and if they be well corked, it will improve very much by age. A large spoonful is a dose, which must be taken every morning, fasting. The taste of it is not agreeable, but one inures himself to it by habit. Taffia must necessarily be used; brandy would not produce the same effect.—I commenced the use of this remedy in November, 1774. My legs, which were wont to remain a long time weak and feeble after the fits, recovered soon their force and vigor. The nodes which had formed themselves upon almost all the joints of my feet and hands, were dissipated by little and little, either by the effect of the medicine, or by the application of white soap. The play of the articulations is perfectly re-established. There exist but two light nodosities, which do not affect me, and which diminish daily. I feel no longer those shooting pains which formerly tormented me, and announced a new attack; and, for about fifteen months, have enjoyed the comforts of life, of which I was deprived during seven or eight years successively. The daily use that I

make of this remedy procures me another advantage :—Viscosities, rising in the stomach, bitterness, an abundance of humors, and an excessive phlegm, obliged me to have recourse, from time to time, to the letting of blood and purging. These inconveniences are dissipated, and my stomach performs its functions with ease, and without effort. I have reason to believe that this liquor has the virtue of breaking and dividing the gouty humor, hindering it from accumulating and fixing itself, and of operating the evacuation of it, either by expectoration, which is abundant after having taken the dose, or in producing the effect of a light purge. I am not, nevertheless, entirely satisfied.

Many arthritic people have often extolled, with too much haste, medicines which had procured them but a mere respite. However, if the present year runs off without my feeling anything of the gout, I shall think myself radically cured. As to regimen, I avoid great repasts, and all sorts of excess. One or two hours after having taken my dose, I breakfast on milk. I dine frugally, without, however, any choice of aliment,—fat or lean, sweet, salted or spiced, cold or hot, my stomach accommodates itself to it, provided it be not overcharged. I eat no supper, or very little. Water and old Bourdeaux wine form my only beverage.

Yours, &c. EMERIGON.

BOSTON, TUESDAY, AUGUST 10, 1830.

HYDROPHOBIA.

It appears evident, from the best sources of information, that *Rabies Canina* is now epidemic in England. The papers contain, it seems, exaggerated statements of the extent to which this disease prevails among the canine race ; but a distinguished physician in London, who has been engaged in examining into the subject, states, that at one of the veterinary establishments in that city, not less than sixty dogs have been received within the last three months.

The alarming and unprecedented extent of this disease, is most probably in no degree owing to the state of the weather. Although it is a common opinion that it is produced by great heat, and peculiar to the

summer season, those who have best reason to be relied on have given ample evidence that such opinion is erroneous. During the coldest part of the last winter, we have a late account of two dogs and a cat laboring under this disease ; and many like cases might doubtless be collected, were not the question already set at rest by ample observations of Dr. Hertwig.—See this Journal, vol. 2, p. 802.

We have still to deplore the want of an efficient remedy for hydrophobia. The only security against it is the instantaneous excision or cauterization of the part bitten.

A bill is before the Parliament of Great Britain, the object of which is to prevent *by law* the spread of the disease. It authorises any per-

son to seize a mad dog with as little ceremony as he would arrest a threatening maniac, and to give it over to the charge of a constable: the bill also gives power to magistrates, in certain parishes, to order the confinement of these animals, and thus greatly abridges the liberty they have so long enjoyed in a country which has hitherto been justly regarded as the paradise of dogs.

CHLORIDE OF LIME.

No one who has not used this article can duly appreciate its value for domestic use, particularly in the summer season. Every housekeeper should keep a bottle of it in his privy, and, every second or third morning, pour two or three tablespoonsful of the powder into the vault. A pint bottleful will cost him but 25 cents, and the plan above proposed will completely destroy every vestige of disagreeable odor. Were every family in Boston to pursue this course, a vast quantity of foul air would be destroyed, and the atmosphere of the city very materially purified. We hope the Editors of public newspapers will remind the people to attend to this matter without delay;—a single experiment is enough to ensure a continuance of the practice.

CONNECTION BETWEEN THE STATE OF THE UTERUS, AND ABDOMINAL NEURALGIA.

DR. ADDISON, in a work recently published, expresses an opinion that there exists a close connection between the state of the uterus, and local neuralgic pains. He cites some

cases in illustration of this opinion. Believing that the violent pain sometimes succeeding to suppressed catamenia to be of this description, he has treated such cases successfully with Conium. Dr. A. also thinks it probable that the violent pain sometimes following suppressed lochia after delivery, is often neuralgic, and that some of those cases which have been published as anomalous forms of puerperal fever, might likewise have partaken of the same character, and been cured by like treatment.

LONDON UNIVERSITY.

MR. C. BELL has resigned his professorship in the London University. The reason given by him for this unexpected step we understand to be, the impossibility of realizing those brilliant prospects which he held out to the medical pupils, in his first lecture, at the opening of the University. The circumstances in which this disappointment originated are not stated in terms, but from the tenor of some communications to the medical journals, they are not extremely creditable to the Governors of the Institution.

PROFESSIONAL DUTY.

PHYSICIANS do too little for the morals of their patients. We neglect too much the cultivation of moral excellence and the religious principle in ourselves. As a class, our opportunities for producing religious impressions are scarcely surpassed by those of the clergy. From our close and confidential intercourse with our fellow beings, we have unceasing opportunities to enforce the

imperative nature of moral duties, whilst our professional knowledge enables us to do it just at such moments, in such manner, and to such degree, as will impress the mind most strongly, without retarding the recovery of our patients. The exclusive trust of this duty to the clergy has been followed by bad consequences. Ignorant of the nature and circumstances of the disease, physical injury often results from an ill-timed conversation on the prospects of a future world. We could wish the precincts of the profession extended somewhat beyond physical disease,—that it were considered an integral part of our professional obligations, to administer to the spiritual wants of those who are placed under our care, and that this fact were uniformly enforced with peculiar emphasis by those Professors who point out to the medical student the path he is expected to pursue.

SWAIM'S PANACEA.

AN article in the last London Gazette of Health, affords us a piece of information not generally diffused in this country, and of great importance to the proprietors of newspapers. It is as follows:—

“*Swaim's Panacea*.—This nostrum, which has been long a very fashionable and popular remedy in Paris, as ‘a purifier of the blood and juices,’ has lately been introduced in America as a specific for nearly all the diseases, particularly those of the skin, to which poor human nature is heir. The proprietor represents it to contain, in a concentrated state, all the peculiar medicinal properties of sarsaparilla root; but the Medical Society of Philadelphia,

having reason to suspect that it contained something more active than sarsaparilla, recommended it to the attention of the committee appointed to examine quack medicines, who found it to be common syrup, with a small proportion of the corrosive sublimate of mercury. Instead of countenancing quackery by a medicine act, how much more creditable would it be to our legislature to follow the example of the American government, by placing it under legal regulation, and not to allow a person to advertise a remedy the composition of which is not known.”

PRECAUTIONS IN THE OPERATION FOR CATARACT.

A CONSIDERABLE number of cases of cataract have been operated upon during the present season by M. Dupuytren, at the Hôtel Dieu. Depression is the method almost exclusively adopted by him; and in performing this he has the patient placed in bed, and laid on the back, the head being conveniently supported, and fixed. By these means he thinks that accidents from the movements of the patient are best guarded against, as well as those which may occur in transporting him from the operating chair back to his bed. One of the inconveniences which M. Dupuytren has most frequently met with in operating for cataract, with the patient sitting up in a chair, is syncope,—a circumstance which proves extremely embarrassing to the surgeon. Last spring, M. Dupuytren was called by M. Husson to a patient who had been operated on for cataract a long time before, and who felt some inconvenience in one of his eyes. The operation had consisted in extraction, and had only been performed on one eye. The patient had been placed in a chair, and scarcely had the surgeon finished the section of the transparent cornea, when he fainted so profoundly that the operation could not be completed; the lens remained in its

place ; the wound healed ; and some months after, the other eye was operated upon by the same surgeon. The method of extraction was adopted on this occasion also ; the patient was again placed on a chair, and syncope came on as before, giving rise to very great difficulty and embarrassment. M. Dupuytren was called to him on account of very violent pain which he experienced in the eye which had been incompletely operated on.

Tendency to vomit, and actual vomiting, are, as is well known, very frequent after operations for cataract, particularly in children. One of the best methods of removing this, consists in making them drink a few cups of Seltzer water.—*Jour. Hebdomadaire*.

Dr. Graffe, in a late excellent publication on cataract, asserts that extraction of cataract, by the section of the upper portion of the cornea, has great advantages over that of the lower portion. "The subsequent inflammation," he says, "is in general less intense, and the sight is more perfectly preserved, because the inferior portion of the cornea retains its transparency and natural convexity." Of eighteen persons on whom the Doctor performed this operation, seventeen recovered their sight. The failure in the other case, the Doctor attributes to rheumatic inflammation.

Rheumatic Inflammation of the Eye.—A case of this variety of chronic inflammation, of eighteen months standing, was lately successfully treated with friction of an ointment of calomel and opium on the eyelids and surrounding skin, the internal use of extract of belladonna, and a seton in the neck. The patient was perfectly cured in the course of six weeks. M. Jahn, of Meinengen, says that he has employed the following lotion for a considerable time, in cases of rheumatic, gouty, and

scrofulous inflammation of the eye, and also the purulent inflammation of the eyes of infants, with complete success :—

Take of Chloride of Gold, gr. ij.
Distilled Water, 3 vi. M.

A few drops are to be instilled on the eyeball once or twice a-day, and compresses of lint, wetted with it, kept constantly over the closed eyelids.

Phrenology in Ireland.—Dr. Spurzheim has recently concluded the first course of lectures ever given in Ireland on his favorite Science. It was attended by more than three hundred persons of the most respectable class. His discourses were received with much applause, and followed by solicitations to deliver a second series. We learn by the English journals that he is now engaged at the Park Street School, in Dublin, delivering a more strictly professional course to a medical class of about ninety gentlemen, who hear him on the anatomy, physiology, &c., of the brain. Judging from the high satisfaction which we find expressed by those who have attended and are attending Dr. Spurzheim in Dublin, we should conclude that he will leave behind him some zealous proselytes in that capital.

Waterville College.—This flourishing institution, situated on the banks of that beautiful river the Kennebec, and in the midst of a most fertile and rapidly populating country, has assumed its prerogative of teaching, among other things, the abstruse art of healing human maladies. At the late Commencement, eight young gentlemen received the degree of *Bachelor of Arts*, and fourteen that of *Doctor in Medicine*. JOSEPH H. GALLUP, M.D., was elected Professor of the Institutes of Medicine, and WILLIAM PARKER, M.D., Professor of Anatomy. We heartily wish success to this infant

seminary, which possesses such advantages as must ensure it, we apprehend, a very respectable support for the present, and extensive usefulness in years to come.

Chabert No. 2.—A man named Hart advertises his approaching arrival in this city, to astonish us by the impunity with which he will “handle red hot iron, dine on live coals, swallow liquid fire,” &c. &c. —Doubted.

Prize Dissertations.—At the annual meeting of the Boylston Committee on Prize Questions, held on Wednesday, the 4th day of August, 1830, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Charles Caldwell, M.D., Professor of the Institutes of Medicine, &c., in the Transylvania University, Lexington, Ky., for a dissertation on the question, “Whether Fever is produced by the decomposition of animal or vegetable substances; and if by both, their comparative influence?”

Another premium of the same value, was also awarded to Usher Parsons, M.D., Professor of Anatomy, &c., in Brown University, Providence, R. I., for a Dissertation “On the connexion between cutaneous diseases which are not contagious, and the internal organs.”

We understand one of the other Dissertations offered on the first question, was fraught with information of rare value, and displayed marks of a mind of very superior cast,—and but for the elaborate and

extraordinary production of Dr. Caldwell, would have received the unanimous approbation of the Committee. The motto of the essay to which we refer is, “*Vestræ petitioni diligente respondeo.*” A dissertation of so high a character, and the name of its author, ought both to be before the profession and the public.

OUR acknowledgments are due to Dr. C. Otto, a very distinguished physician of Copenhagen, for the *Danish Medical Journal* for 1829, and the *Danish Phrenological Journal*, of both which he is editor; also, to the same gentleman, for the new volume of *Acta Regiæ Societatis Medicæ Havniensis*.—We apprehend Dr. O. must have an uncommon development of the organ of Acquisitiveness, since his ideas of the abstract value of possession are somewhat peculiar. Respecting his Journal he writes, “I know well you will not be able to understand it, but nevertheless I hope it will be of interest to you to possess it.” We can assure our correspondent, however, that we are greatly obliged to him for his attention, and that we shall not be content till we have made ourselves, and, so far as may be useful, our readers also, acquainted with the information contained in the abovementioned works.

The Communication of Senex shall have place next week. We regret that it will not be in our power to accompany it by the engraving.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JULY 30.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
July 24.	F.	19 yrs	cholera		F.	7 yrs	consumption
	F.	101	old age		M.	4	dropsy on brain
	F.	64	apoplexy		M.	31	hydrothorax
	F.	20	typhous fever	26.	M.	62	apoplexy
	F.	3	abscess on head	28.	M.	41	consumption
25.	M.	6 mo	infantile	29.	F.	18 mo	dysentery
	M.	13 yrs	drowned	30.	M.	6 1 2y	dropsy on brain
	M.	6 mo	smallpox (Rainsford I.)	Males, 8—Females, 7. Total, 15.			

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BERKSHIRE MEDICAL INSTITUTION.

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Aug. 10—5t.

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July 6.

12t.

NEW WORK.

THIS day received, by CARTER & HENDEE, Memoir on the Treatment of Venereal Diseases without Mercury, employed at the Military Hospital of the Val De Grace. Translated from the French of H. M. J. DESRUELLS, M.D. &c. &c.

To which is added, Observations of the Venereal Disease without Mercury. By G. J. GUTHRIE, Esq., Deputy Inspector of Hospitals, Lecturer on Surgery, &c. and various documents showing the results of this mode of Treatment in Great Britain, France, Germany and America.

Aug. 3.

NEW MEDICAL WORKS.

JUST published, and for sale, by CARTER & HENDEE,—

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[Nos. 27 and 28.]

I.

ON THE CONNEXION BETWEEN CUTANEOUS DISEASES WHICH ARE NOT CONTAGIOUS, AND THE INTERNAL ORGANS.*

By USHER PARSONS, M.D., Professor of Anatomy, &c., Providence, R. I.

THE laws of vitality that preside over organized bodies, preserve a mutual dependence and a reciprocal influence between their several component parts. The more perfect and complicated the organization is, the more numerous are its ties of connexion and relation. Not only the several organs are thus held in mutual dependence, but each tissue is so modified in its relations by other tissues, that the exercise of any one of them, whether healthy or morbid, is felt and responded to by all the others.

This consent of action between parts is clearly displayed in the organs designed to aid in replenishing and nourishing the human body. The brain, through the medium of the first pair of nerves, takes cognizance of savory food proper for nourishment;—the salivary glands pour out a fluid to moisten it, which is increased when the substance is introduced into the mouth, and still more when the jaws are put in motion to masticate it. The

complicated mechanism of deglutition acts,—the exhalant arteries of the stomach are excited by its presence within that organ;—the whole sanguiferous system receives the impression, and the blood retires from the central organs. These central organs, and especially the chylopoietic viscera, are excited into action, and transmit the nutriment they have prepared to the surface and elsewhere, replenishing and invigorating every organ, each participating in the process, and each deriving benefits in return.

But if healthy actions are thus mutually extended from part to part, so also are morbid ones. If the process just mentioned be interrupted in any part of it, disorder pervades the whole. If with the savory substances crudities are swallowed, the stomach is oppressed, chymification is imperfectly performed, which leads to imperfect chylicification, and this to imperfect sanguification, and this to imperfect assimilation. If the mesenteric glands be tumefied and the lacteals thereby obstructed, the circulating fluid is diminished, and debility and marasmus ensue. Or even if blood be drawn while the stomach is distended with wholesome food, the digestive process is interrupted, and faintness, nausea, and perhaps vomiting, are produced. Each part is so cate-

* This Dissertation received the Boylston Prize offered by Harvard University, 1830.

nated in its office with the others, that disorder or interruption in any one link, is extended to the whole chain.

Pathology, therefore, as well as physiology, demonstrates the mutual dependence and reciprocal influence of different parts of the body. This, however, is more observable in respect to some organs than others. Between the stomach and head, the uterus and mammæ, the throat and testes, it is particularly remarkable. The same remark applies to particular textures or parts of organs. Inflammation of one tunica conjunctiva extends to the other,—of the fibrous texture of one joint to that of others,—of one part of the mucous membrane to other parts of it,—of the skin to the mucous membrane, and of this membrane to the skin. This consent of action between certain organs and certain textures, whether healthy or morbid, is termed *sympathy*, the nature of which will now be imperfectly investigated.

By sympathy, then, two organs are so united that an affection of one of them extends to the other. The point or organ primarily affected, may be termed the radiating centre of sympathy; the part secondarily affected may be termed the seat of it. All the organs may become radiating points of sympathy. Severe inflammation of any tissue may affect the heart, the lungs, the gastric system, or the brain and nerves. In general, the more a viscus or organ is endowed with life, the more its relations with other organs are multiplied and immediate. Diseases of the brain, of the lungs and of the liver, spread derangement through-

out the system. But of the simple textures, the mucous membranes, particularly that of the stomach, seem entitled to the first rank as radiating and receiving centres of morbid sympathies.

Morbid impressions are, however, oftentimes less sensibly manifested in the radiating organ, than in the sympathizing one. Whether this be attributable to greater natural susceptibility in the latter, or to the fact that it has been less exposed to the action of external agents, and is therefore less habituated to their impression, certain it is that it often experiences more decided and permanent changes immediately after the primary impression has been made. Thus cold acting upon the skin, may produce only a slight and transient change on the state of the part, while the organ that sympathizes with it, as the mucous membrane of the throat and air-passages, or intestinal canal or bladder, may be affected with severe inflammation.

The radiating centre of sympathy is ordinarily single, but the receiving ones may be numerous. The irritation of the gums caused by teething, may derange the stomach and produce indigestion. The imperfect chyme may then irritate the intestines,—this may extend to the skin and produce cutaneous eruptions, or to the brain and cause convulsions. When the mucous membrane of the lungs is highly inflamed, in consequence of cold applied to the skin, this may extend its influence to the presiding organs of the body, to the brain or the heart and arterial system, and thus affect every part.

It would gratify curiosity, and

in some instances lead to more correct indications of cure, could we determine the means by which sympathies are propagated from tissue to tissue, and how remote organs participate in each other's diseases;—how the abstraction of heat from the soles of the feet causes quinsey, or cold drink during free perspiration causes pleurisy;—what tissue has transmitted the irritation of the mucous membrane of the stomach to the pleura, whether it be one or many agents that are employed, varying according to the nature of the radiating centre. These questions, which have ever occupied the attention of physiologists, are as yet unsettled, though many ingenious and plausible theories have from time to time been advanced. The membranes, the cellular texture, the bloodvessels, the nerves,—each singly or in concurrence with the brain,—each singly or in concurrence with the bloodvessels, has at different times been represented as the agent of sympathies.

When physiology was imperfectly understood, all the membranes were supposed to be derived from the brain, and it was during the prevalence of this error that Baglivi referred to them the chief agency of sympathy. Although each membrane may propagate its inflammations in itself, by continuity of texture, or to other corresponding ones, by reason of similarity of structure and function, and from its consequently corresponding development of vitality, yet a great proportion of the phenomena of sympathy are admitted to be inexplicable upon such a connexion.

Borden referred sympathy to oscillatory movements propagated

along the cellular tissue, and cites as proof the fact that many cases of abscess are translated from part to part in this substance; but this doctrine is now abandoned.

Those who have represented the vascular system as the agent of sympathies, explain some instances by the anastomosis of bloodvessels, especially of the arteries; the connexion between the uterus and mammæ, and the parotids and mammæ, by sympathy, as also the vicarious hemorrhages that sometimes occur in organs remote from the primary affection.

But it is the nerves in an especial manner that, from the nature of their office, and their general distribution through the system, have been charged with being the agents of sympathies. They alone impart sensibility and contractility,—their nervous filaments penetrating all the organs and tissues, accompanying the vessels to their ultimate divisions, and forming frequent anastomoses with them. Moreover, a great proportion of the phenomena of sympathy are known and acknowledged to depend on their instrumentality.

Some objections have, however, been made to this opinion of the sympathetic agency of the nerves in all cases, a few of which it may be proper to notice. "A nervous trunk distributes its filaments to many organs, of which, one alone happens to be the seat of sympathetic phenomena;—why is it that all the branches are not irritated?" If the organs are connected by nerves, why is it that two organs remote from each other are brought into sympathetic action, and not the intermediate ones? "Whytt attached great

importance to what he considered an established anatomical truth, viz., that each filament has two extremities, one in the brain, the other in the organ to which it is distributed ; and that it has no communication in its passage with the other filaments accompanying it, but is separated from them throughout its track."

In reply to these objections, it should be observed that since they were offered, anatomy and physiology, as well as pathology, have made astonishing progress generally, but especially in relation to the distribution and connexions of the nerves, and that every new step has been attended with some new demonstrations of the nature of sympathies, as connected with nervous communication. Mr. Hunter made some discoveries, and Mr. Charles Bell has been particularly successful in disentangling the complexities of the nervous system, and in drawing out many threads that before seemed inextricable, and has shown that many sympathetic phenomena, which before his time were termed remote, are unquestionably owing to direct nervous communications. The French physiologists have likewise been diligent and successful in the same pursuit. M. Broussais has demonstrated, to his own satisfaction at least, that all sympathies depend on the sympathetic nerve, diffused throughout the system, and communicating everywhere by ganglions with the sensorial nerves. His views, as given by Merat in the Dictionary of Medical Sciences, p. 551 and 2, are worthy of being transcribed.

"On sait, surtout depuis les écrits de ce médecin, que les organes d'espèce différente qui con-

stituent par leur ensemble le système nerveux, ont entre eux des rapports fréquens et intimes ; que chaque sensation extérieure est transmise au cerveau par les nerfs qui partent de ce siège principal de la puissance nerveuse et de la moelle épinière, parvient dans les nerfs des ganglions et les suit jusque dans les tissus où ils se terminent ; que le nerf trisplanchnique fait connaître à la masse encéphalique les impressions diverses reçues par les viscères ; qu'ainsi le cerveau correspond avec les viscères, et que les deux ordres de nerfs s'influencent réciproquement. Le nerf trisplanchnique, placé le long de la colonne épinière de l'un et de l'autre côté, a spécialement les viscères sous sa dépendance ; il envoie de nombreux filets dans leurs tissus ; il accompagne les vaisseaux sanguins dans tous les organes. Ses ganglions sont, aux yeux de M. Broussais, autant de points de convergence ; c'est là qu'aboutissant les mouvemens ou impressions qui parcourent les cordons nerveux ; c'est par eux que les viscères sont associés les uns aux autres dans leurs actions organiques. Une particularité qu'il importe de signaler, c'est le nombre infini des anastomoses ou communications qui existent entre le nerf trisplanchnique et les nerfs qui appartiennent au cerveau et à la moelle épinière. M. Broussais pense et démontre que les nerfs des ganglions n'ont pas été créés uniquement pour modifier les sensations qui, du cerveau, parviennent dans les viscères, ou qui des viscères sont réfléchies au cerveau ou pour faire exécuter directement des mouvemens volontaires ; mais que c'est bien plutôt pour déterminer des

mouvements indirects par l'influence réciproque des deux ordres de nerfs. Le nerf trisplanchnique commande les contractions des muscles des viscères ; il les rend indépendantes de l'influence du cerveau ; il est l'intermédiaire obligé des mouvements musculaires qui ont lieu dans les viscères, lorsque ceux-ci ont reçu du *sensorium commune* une impression reçue par les sens externes ; il a pour destination spéciale d'établir des relations entre les viscères et le centre sensitif ; tandis que l'appareil cérébral a la double fonction de correspondre d'une part avec lui, de l'autre avec les objets extérieurs. Le cerveau agit sur les viscères par le moyen du nerf trisplanchnique ; le nerf trisplanchnique agit sur les muscles des mouvements volontaires avec le concours du cerveau.

“ Tous les organes, tous les tissus, sont liés par les nerfs, sont animés par eux ; une harmonie admirable les unit ; ils peuvent tous s'influencer réciproquement ; ils se prêtent de mutuels secours ; ils souffrent tous plus ou moins d'une maladie qui n'affecte que l'un d'eux : en est-il qui soient privés des nerfs ? L'induction et des travaux anatomiques, qui paraissent exacts, ne permettent plus de le croire. Cette association de toutes les parties de l'économie animale déjà évidente, dans l'état de santé, l'est bien davantage dans celui de maladie ; alors elle se déclare par les phénomènes sympathiques qui en sont l'expression la plus forte.”

“ Il est impossible de concevoir (says Merat, p. 599) l'exercice d'aucune fonction sans l'intervention des nerfs, surtout les sympathies ; tout porte à croire, dans les idées reçues aujourd'hui,

qu'ils sont les agens exclusifs de ces phénomènes singuliers, et que le centre sensitif n'est point étranger à leur exercice. Nous n'affirmons rien, car on manque de données positives pour décider la question ; on ne la juge que par des probabilités bien imposantes, il est vrai, mais qui n'équivalent pas à la certitude.”

Another theory advanced before the time of Broussais, is that of Bichat, which refers all sympathies to the vital properties. After adverting to the attempts made to explain them by continuity and mediation of cellular tissue, by that of the membranes, by the circulating system, and by anastomosis of nerves, with or without affection of the brain, and showing the fallacy of each hypothesis, he concludes that it is improper to consider sympathies in a general manner as subordinate to any single texture and chain of actions, and that, in order to determine their cause, they should be divided in the manner he has done the vital properties. “ We know,” says Bichat, “ the innumerable phenomena which arise from the disappearance of herpes, the itch, &c., imprudently produced ; in all these cases it does not appear that morbid matter is carried to the other organs, though I do not pretend that this never happens. It is the vital forces of these which are raised, and which then occasion different accidents : now as these forces vary in each system, those accidents will be essentially different ;—thus, the same morbid cause disappearing from the skin, will produce vomiting, if thrown upon the stomach, in which the sensible organic contractility predominates,—pains, if it goes to the

nerves, which are especially characterized by animal sensibility, —derangement of sight, hearing and smell, if it affects the various nerves of these senses,—hemorrhage, catarrhs, phthisis, tubercles, inflammations, &c., if it attack the mucous surfaces, the lungs, the serous membranes, &c.; in all which, the organic sensibility is much raised. Now, if the same morbid matter carried upon these different organs produced these accidents, they ought to be uniform. Do not their variety, and especially the constant analogy which they have with the predominant vital forces of the organs in which they appear, prove that they depend upon the state of their vitality at the time in each? ” A few remarks in favor of this theory, will follow the brief notice we have to give of one other hypothesis, which is founded on the humoral pathology.

From the earliest ages of medicine, cutaneous diseases have been referred to peccant humors, which nature has successfully expelled from the more central parts of the body through the circulation to the capillary vessels upon the surface of the body. Many internal disorders were attributed to their retention or their repulsion, inwardly, from the surface. M. Corvisart attributed to this cause scirrhus and glandular tumors, and he asks to what other kind of cause can be attributed the development of a number of organic diseases of the heart, the erosion of the interior surface of the viscera, of the coats of the bloodvessels, the singular spots of the internal membranes, and of the lining tunic of the intestines and their erosions during fevers,—whether the hu-

mor be psoric, herpetic, or venereal? The same opinion was entertained by Sydenham; and indeed this remnant of the humoral pathology has had more or less advocates in all ages: it forms the basis, in some measure, of Mr. Dendy's recent valuable work “On the Cutaneous Diseases incidental to Childhood,” and it is so incorporated in our mode of thinking and expressing ourselves upon such diseases, that almost every practitioner, however averse to the humoral pathology, and inclined to the doctrines of solidists or vitalists, is in the habit of expressing himself after the manner of the humoralists. It would be out of place to review the endless disputes of the two classes of theorists; yet, in reference to cutaneous diseases, it may not be amiss to glance at the doctrines of each by way of comparison.

The phenomena of this class of diseases are more satisfactorily explained upon the theory of Bichat than upon that of the humoralists. It accounts better for their reciprocal influence with diseases of the internal organs, and also for the *modus operandi* of counter-stimulants applied to the skin and gastric viscera. The intimate sympathy subsisting between the skin and mucous membrane, is founded, according to Bichat, upon the similarity of structure and functions of these tissues, as secreting and absorbing organs, and the corresponding degree of vitality with which they are endowed. Being by these circumstances more in relation with each other, morbid impressions received by one, are more readily extended to the other than to parts which are in

these respects dissimilar. So, also, when the exciting cause is removed from the radiating centre, the sympathizing organ is relieved simultaneously. Again, when the skin is affected with a local disease, as scabies, the gastric organs, by the gradual manner of its accession, become accustomed to its stimulus, and are not roused into morbid sympathetic action; but when the eruption is too hastily cured, the sudden removal of such a stimulus, to which the gastric organs have from sympathy been long accustomed, produces an impression of faintness and a sinking sensation in the region of the stomach. Now that these are not owing to a repercussion of the eruption upon the internal organs, as the humoralists would maintain, but merely the abstraction of a stimulus, is proved by the fact that the sudden removal of lice from the skin has produced corresponding symptoms upon the internal organs.*

The sympathies manifested during the action of medicines called counter-stimulants on the mucous membrane of the stomach and intestines, or upon the skin, are better understood upon the theory of Bichat. Medicines are rarely applied upon the diseased part, but to organs which sustain rela-

tions with it. We give purgatives in apoplexy, emetics for headaches, the croup, and other species of angina;—we apply blisters in ophthalmia and pleurisy and rheumatism, and moxa and issues in diseases of the hip-joint, and in psoas-abscess. Now neither of the foregoing doctrines explain the effects of these remedies, nor do they furnish such useful guides generally, in practice, as the theory of Bichat.

Compared with that of Broussais, which refers all sympathies to nervous communications by the ganglionic system, it elucidates the varied character of cutaneous diseases more clearly, and accounts for some phenomena which by that theory are inexplicable. Thus, the fact that diseases of certain tissues are radiated by sympathy to tissues possessing corresponding degrees of vitality remotely situated, as from the skin to the mucous membrane, and vice versa, is a legitimate inference from Bichat's theory; while that of Broussais would, a priori, lead to the different conclusion that intermediate parts would, in most instances, be soonest affected. The fact also before adverted to, that cutaneous diseases, imprudently repelled, vary in respect to their effects according to the debility and consequent susceptibility of the sympathizing tissue or organ, is better understood on Bichat's theory, by which there is supposed to be an aberration of the vital forces from the usual state of them in the sympathizing organ, which brings it more in relation with the organ primarily affected than other organs are, and consequently into sympathetic action. For example, the sudden repulsion of

* "Dr. Fay, while a resident practitioner in Boston, was called to two African children, who were covered over their whole bodies with *body lice*. He ordered them to be immediately washed all over with warm soap-suds, with a view to the destruction of the vermin. The sudden removal of the irritation by the sudden destruction of the vermin, additionally to the warmth of the water, suddenly checked the motions of life, and the children dropped down and expired immediately."—(Shattuck's Prize Dissertation, p. 117.)

a cutaneous disease ordinarily produces derangement of the stomach, or of the mucous membrane of the lungs, for reasons just stated; but if the bladder has, from previous or present disease, been brought more in relation with the skin, this may, in the form of vesical catarrh, assume the disease when driven from the skin, and the stomach and lungs thereby escape.* The muscles which ordinarily have but little morbid sympathy with the stomach, may, from debility, become the seat of the sympathetic affection, in the form of chorea, from suddenly repelled cutaneous diseases, and the stomach, lungs and bladder escape.† Now the distribution of the nerves being the same in disease as in health, we should hardly expect this variableness in the seat and nature of the sympathetic affection, if they are the sole medium of sympathy, while, by referring the phenomena to the aberration of the vital forces in the affected organ, would give a more satisfactory explanation.

But, after all, it is not too much to expect, judging from the progress made, within a few years, in ascertaining the distribution and varied appropriation of the nerves and the sympathies that are now known to depend on

them, that future investigations will farther elucidate the subject of sympathy, and establish it upon the basis of nervous communication. But, in the present state of our knowledge, it seems preferable to regard morbid sympathies in the manner pointed out by Bichat. He maintains that there are four kinds, depending on animal sensibility and animal contractility, and on organic sensibility and contractility, but that the causes of the two latter or the organic kind, which are the ones concerned in diseases of the skin, are absolutely unknown, “et un voile epais recouvre les agens de communications qui lient dans ce cas l'organe d'où part l'influence sympathique à celui qui la reçoit.”

When the skin or an internal organ radiates its diseases from one to the other by sympathy, it may do this partially or entirely;—there may exist an equal and simultaneous participation in both organs, or there may be an entire transfer of it from one to the other by what is termed *metastasis*. On this fact is founded a distinction of some importance to be observed in practice, and which conveniently divides sympathetic diseases of the skin, of a non-contagious character, into two classes, viz., *symptomatic* and *metastatic*: the former including those which coexist with an internal disease, as the eruptions produced by teething, which come and go with the irritated and inflamed gum, and those caused by gastric irritation, &c.; the latter including those that are occasioned by an entire transfer of internal disease to the skin, as critical abscesses in the form of carbuncle, furunculus, cuta-

* “Tous les points de l'economie (says Piorry, an eminent French physiologist), peuvent être modifiés à la fois par une cause agissant sur l'un d'eux, et cette modification peut ne pas produire d'effet apercevable sur le plus grand nombre d'entrées, tandis que dans le tissu de la partie dont le mode de sentir sera plus en rapport avec l'impression communiqué il pourra se manifester une alteration plus ou moins profonde.

† It is worthy of remark, that we generally meet with chorea in patients wanting muscular tone,—in young females who have not enjoyed sufficient exercise in the open air.

neous ulcers, some cases of herpetic eruption, &c. &c. The same distinction applies to diseases transferred from the skin to the internal organs. These may take place partially, or their severity upon the skin may be such as to produce fever, and in both cases the internal disorder may be termed symptomatic; or, the whole disease may be transferred, as when erysipelas or other severe cutaneous disease is suddenly and entirely repelled, and an internal organ becomes diseased; this affection may be termed *metastatic*.

It is not to be understood, even upon the theory of the humoral pathology, that the sympathetic disease is the same in character as the primary one. The difference in organic structure, as well as function and properties, between the internal and external organs, prevent such a conformity and similarity in their respective diseases. The true skin is everywhere covered with a cuticle, under which morbid lymph and other fluids collect in vesicles, larger or smaller, and constitute a great proportion of cutaneous diseases; but upon the serous membranes no such cuticle exists, consequently no such vesicles can form,—the degree of inflammation which would produce eruptions upon the skin, would here produce an increased effusion of serum, or perhaps of coagulable lymph. M. Alibert has fallen into an error on this subject, when he concludes that three cases of ascites, which occurred soon after an hastily cured eruption, could not have been caused by metastasis, merely because the peritoneum exhibited nothing of the eruption. He should have recollected that

the structure of the serous membranes would admit of no such eruption, but that, in place of it, an increased effusion of lymph, constituting dropsy, was the very effect he should have expected from such a metastasis. The mucous membrane (with the exception of aphthæ) rarely exhibits cutaneous eruptions under its epithelium.

Internal sympathetic diseases from repelled cutaneous affections, vary exceedingly in their character, according to the texture and functions of the part affected, and to the relations it sustains with other parts. Those organs that are covered with the mucous and serous membranes are affected with phlegmasiæ; the cellular texture with abscess; the glandular with tumefaction and suppuration; the muscular with spasmodic affections; the nervous with palsy, epilepsy, mania, &c. It would be a difficult task to enumerate all the individual diseases that metastasis from the skin may occasion. Of the acute kind it may be said that they take place in almost every texture and organ of the body, and the technical names of them are in most instances derived from the organ affected. Of the chronic kind may be mentioned most of those which were acute in their commencement, but have, by neglect or ill treatment, been prolonged till they have become chronic, and perhaps essentially changed in their nature. It would be useless to cite authorities to support the opinion that internal affections are caused by sympathy of the organs where they are seated with the skin, since numerous cases are stated by almost every systematic writer on cuta-

neous diseases, and they are to be found interspersed throughout almost every work on pathology and therapeutics.

A few cases that have occurred within my own observation serve to illustrate the foregoing positions, and may be worthy of a brief recital.—Mr. W. B. suffered severely, during several successive winters, with an impetiginous eruption of the face and hands, and sometimes covering the arms. It was in the form of a humid tetter, and attended with severe itching and irritating discharge, and partially disappeared and returned with great severity every few days. A partial removal of the affection was invariably followed with pain and sense of tightness in the head. A chronic catarrh commenced early the present winter, which has continued unabated during five months, in which time he has had no cutaneous disease, and expresses himself as satisfied with the compromise.

Cases of erysipelas suddenly repelled, affecting the brain, are well known to the profession. This is most likely to happen when repelled from the face. When repelled from the lower extremities, it is said to tend more to the peritoneum; and one or two cases are on record where it has passed from one to the other several times successively. I shall mention only one case of metastatic erysipelas.—Mrs. L., an aged lady, of apoplectic make, was suddenly attacked with severe pain in the head, which soon induced lethargy. I was called, and treated the case as apoplectic, by venesection, cathartics and blisters,—shaved and blistered the head, and opened the tem-

poral artery. She remained comatose three or four days, when her nurse informed me of an eruption upon the abdomen. On examination, I discovered it to be erysipelas, extending from ileum to ileum, and to the pubis. It increased a little until she gradually sunk into fatal apoplexy, about the eighth day from the first indisposition, and fourth from the appearance of the erysipelas. A circumstance worthy of notice in this case, was the first appearance of disease in the head, and subsequently upon the surface,—showing that it may be radiated either way, though more generally its metastasis is inward *from* the skin. It is probable that nature here attempted a metastasis outward; but because of the vital importance of the organ attacked and oppressed, the salutary efforts of the system to this effect were interrupted, and the prophylactic process failed.

The repulsion of acnè, or pimples upon the face, by cosmetics, has been decried as fraught with danger.—Miss H., aged about 18 years, was advised by an irregular practitioner to apply a repellant lotion for a pimpled face, which soon disappeared, but was followed by a numbness in the fingers of the left hand, which extended in a few weeks to the shoulder and to the lower extremity, attended with spasmodic contractions of the limbs. Blisters on the back of the neck, with a mild mercurial course, produced some abatement of the symptoms. But they soon returned with increased violence, and affected the other side with the same symptoms, and finally ended in palsy and fatal convulsions, about six months after the repulsion of

the cutaneous eruption. We cannot speak decidedly in such cases of the pathological state of the parts, but it is probable that the brain and nerves were thrown into disorder by a compression of their investments. In children, the sudden removal of cutaneous diseases has caused epilepsy and hydrocephalus.

We have said that the muscular texture may, from previous debility or other causes, be brought more into relation with the skin than the deeper seated organs, and become the seat of metastasis in the form of chorea. Darwin relates three cases of chorea, caused by a hasty removal of long protracted psora, which were immediately cured by re-inoculation. The same cause has in other cases produced phrensy and hepatitis. I have met with one case of prurigo in a young female, the sudden removal of which caused an extremely obstinate chorea.

M. Corvisart attributes many cases of structural diseases of the heart to metastatic affections from the skin. Otitis and abscess under the ears, often follow the sudden suppression of cutaneous eruptions from the scalp. Ophthalmia, too, will oftentimes alternate with cutaneous diseases. I say *alternate*; and probably this term is more appropriate than *transfer*, *repulsion* and *translation*, from part to part, which I have used in obedience to custom, although derived from the humoral pathology, which I have found so much fault with as explanatory of the phenomena of cutaneous diseases.

We have confined our attention to organic or visible diseases of the skin, as influencing the inter-

nal organs. There are, however, functional diseases of like tendency, one of which is habitual sweating, oftentimes of a part only, as of the hands and feet, the head or breast, and which, if suddenly arrested, may occasion great internal disorder. Several cases are recorded in Vol. 33 of Dic. des Sciences Medicales, article Metastasis, of various internal disorders thus occasioned, some of which proved fatal.

When diseases of the skin are symptomatic of internal derangement, they vary less in their character than those of the internal organs do when sympathetically affected. This is what might be expected from the circumstance that the seat of disease, in the one case, varies exceedingly in structure and function, and, in the other, is confined to a part nearly similar in structure and function throughout. Still, however, the same exciting cause acting upon an internal organ, will produce various symptomatic diseases in different individuals. "Thus, certain substances which suddenly derange the organs of digestion, sometimes produce urticaria, sometimes roseola, and sometimes even psoriasis and lepra; yet each of these shall retain its specific character, and follow its peculiar course."

Sympathetic diseases of the skin vary somewhat in their nature and appearance, according to the organ primarily affected. There are certain eruptions peculiar to gastric irritation, as rashes, red gum, and the stone-pock of habitual inebriates; others to hepatic derangement, as rosy-drop of drunkards;—some, as furunculus, anthrax, and constitutional periostosis, and some

cutaneous ulcers, seem to depend on constitutional derangement, and appear to be a concentration of general derangement upon a part less essential to life.

The tendency to alternation of their diseases, between the skin and *particular* internal organs, rather than others, is sometimes owing to habit. When such alternations have once taken place, they are more likely to recur again in the same parts. "C'est une chose vraiment singulière, et que l'observation a depuis long temps confirmée, que cette tendance des métastases à s'opérer sur des parties où elles ont déjà existé, et plus elles s'y sont opérées de fois, plus elles s'y renouvelleront avec facilité. Cette seule cause suffit même quelquefois pour les y déterminer, lorsque aucune autre ne paraît les avoir provoquées. Il n'est pas même nécessaire que cette circonstance ait lieu récemment ; la tendance existera dans un temps assez éloigné ; car la nature n'oublie rien."

Every practitioner must have observed that sympathetic diseases have a great tendency to establish themselves upon an organ that is in a state of debility, from whatever cause. Such organ seems intimately connected with all others, and ready to assume all their diseases. "Si quæ pars aute morbum laborârît, ibi morbi sedes erit," says Hippocrates. It is thus that a settled weakness of the lungs or of the stomach places those organs more in relation with morbid impressions made on any other organs, and more ready to assume or participate in their diseases.

In respect to the seat of those cutaneous diseases that tend to

metastasis, it is worthy of remark, that this varies in some degree in different ages. We know that different parts of the system vary in respect to their development and degree of vitality in different ages, and wherever this predominates most, there is, in consequence of it, a greater susceptibility to morbid action. This remark was made by Hippocrates, and is confirmed by pathological observations. In infants, the head is the seat of this excess of vitality, and in them it is the seat of metastatic affections, as scald head, crusta lactea, &c. "Les dépôts sur cette partie sont très-fréquens alors, parceque, outre la facilité qu'ont les causes inflammatoires à s'y établir, elles ont une marche extrêmement rapide, en raison même de l'énergie vitale ordinaire à cet âge. Les éruptions de tante nature qui affectent les enfans en sont une preuve ;—*—aussi sont elles le plus ordinairement salutaires, et doit-on les respecter, leur repercussion étant le plus ordinairement suivie des symptômes les plus fâcheux. Les systèmes glanduleux et cellulaire de cette partie, jouissent aussi de la plus grande activité, et c'est ce qui rend raison de l'innombrable quantité de petits dépôts qui se forment dans les glandes maxillaires autour des oreilles," &c. After the first years of infancy, the excess of vitality about the head is comparatively lessened, and the metastatic affections are diminished. In succeeding years, the lungs and larynx are enlarged and invigorated by exercise, and, during youth, are more subject to metastatic affections. It is not improbable that the frequent appearance of croup is attributable

to this greater susceptibility to metastatic affections. The superior degree of vitality and of vascular action of the face, accounts for the fact of its being so often the seat of eruptions, as acnè and erysipelas. The capillary circulation is there greater and freer, and is constantly excited by changes of temperature, and by the emotions and passions.*

The diagnosis of sympathetic cutaneous diseases, and of those internal diseases that result from sympathy with the skin, is not always easy to establish. This is more difficult in the former than in the latter kind. Hence it is that the cause of many cutaneous affections is involved in obscurity; some attributing them to sympathy, and others to local causes, whilst the internal alternation or assumption of the external disease is soon known by the magnitude of the evil it produces. Even the repulsion of acnè, or pimples of the face, produces very sensible derangement in the central organs, as heat and uneasiness about the precordia, and sometimes more formidable complaints upon the nervous system. The case of Miss H., which terminated fatally, is not the only one of the kind that has occurred. The fact of the sudden disappearance of a cutaneous disease being followed by internal derangement, is sufficient,

in most cases, to establish the relation of cause and effect between the external and internal disorder. Sometimes, however, the internal disorder, from the comparatively low degree of vital activity of the part it occupies, is a long time in making its appearance,—as where syphilitic eruptions are suddenly suppressed, and the periosteum and bone alternate and assume the disease. Metastatic abscesses, as anthrax and fistula and benign buboes, are slow in forming. But where vital organs, or the serous or mucous membranes, alternate with the skin, the indications of it are more immediate.

In what cases is it unsafe to attempt the cure of cutaneous diseases by local treatment alone? This is an important question to decide, but is rendered difficult and perplexing by circumstances of difference in constitutions, founded on age, peculiarity of temperament, hereditary predisposition, and idiosyncrasy. Generally speaking, however, it may be said that in all cutaneous diseases of a sympathetic character, whether they be symptomatic or metastatic,—as those that proceed from teething of children, from gastric irritation produced by crudities, from acrimony or from worms in the stomach and bowels,—our treatment should be directed to the organ primarily affected, and to the removal of the local cause. Under this head may be included all acute diseases that are not contagious, and for which there is no assignable cause, and chronic cutaneous diseases that have been preceded by or are attended with internal disease. This would comprise,—

* "I will add another essential observation in respect to the facial capillary system; it is that it appears that its tendency to receive blood, disposes it to become the more frequent seat of many affections. We know, 1st, that erysipelas is much more frequent in this than in the other parts; 2d, that the variolous pustules are remarkably conspicuous here; 3d, that many eruptions are more abundant here than elsewhere.—(Bichat, page 273, Vol. III.)

1. Infantile eruptions, as strophulus or red gum (or gown), and tooth rash, &c., which proceed from dentition or gastric irritation, before mentioned.

2. Prurigo, a severe itching, and colorless pimples, often preceded by sickness of the stomach, gastrodynia and headach, and which occur after the first years.

3. Crusta lactea, occurring on the head and face during lactation, and oftentimes caused by deteriorated milk.

4. Follicular tumors, caused by an obstruction of the sebaceous glands, sometimes from neglect of cleanliness, but more commonly by "some derangement in the digestive organs." They include—a, crinones, or grubs, where the sebaceous matter "is retained, from a deficiency of action in the follicular vessel,"—the back of a sucking infant being sometimes thickly studded with them in the form of whitish elevations;—b, follicular wart, "usually situated on the cheeks, temples or forehead, and occurring in children from two to six years of age," and "are disposed to suppurate from errors in diet;—c, *acnè simplex* and *acnè punctata*, which are slight circular elevations of the cuticle, termed by some authors vari,--appearing singly or in clusters, and sometimes surrounded by a dusky discoloration,"—sometimes, but not always, depending on gastric irritation, and occurring mostly towards the age of puberty, particularly in females: the common appellation is pimpled face;—d, *sycosis capillitii*, "which consists in an obstruction of the follicles on the hairy scalp in children."

5. Phlegmonous tumors of various kinds, which, with the ex-

ception of those produced by local causes, "are real indications, in most instances, of an internal or constitutional disturbance, from which the system has attempted to relieve itself by topical concentration.

6. Urticaria, or rash, caused by crudities or irritating food, oftentimes by fish, sometimes by indigestion from teething,—occurring, however, at any age, and in adults from cold drinks, when heated.

7. Impetigo, a pustular or humid tetter, which, though pathologists disagree about its symptomatic character, is found, according to Dendy, to require internal remedies.

8. Herpes or shingles, and vesicular ringworm, often, but not always, referrible to derangement of the stomach or other alimentary viscera, and always most successfully treated by gentle laxatives.

The above are considered by Dendy and Plumbe, and most other writers, as symptomatic of disorder in the alimentary viscera. Another class of Dendy comprises those that are connected with a deranged state of the chylopoietic viscera, and are usually marked by debility. These consist of,—

1. Aphthæ, which is confined mostly to the mucous membrane of the mouth and alimentary canal—sometimes to the cheeks.

2. Rupia and ecthyma, consisting of vesicles and pustules, and both terminating in circular, imbedded incrustations, and "occurring in infants during the period of lactation, from deficiency of nutrition, or unhealthy qualities in the milk,"—sometimes produced by obstruction or obliteration of the lacteal glands.

3. Purpura, "consisting of small red points, termed *stigmata*, or small purple spots or petechiæ formed by the coalescence of the *stigmata*, sometimes of ecchymoses, or vibices." It includes two kinds, simplex and hæmorrhagica, and may proceed from imperfect assimilation of food.

4. Pemphigus, a vesicular eruption attended with great prostration of strength. Its pathology not well understood.

5. Ichthyosis, or fish skin disease, "a peculiar deposition of diseased cuticle." "In the treatment of which," says Dendy, "we should always administer internal remedies."

6. Cloasma, a symptomatic discoloration of the skin, resembling sun spots, "frequently," says Dr. Hall, "the effect of a loaded condition and impaired function of the alimentary canal," and of protracted hepatic derangement.

7. Nomè, a gangrenous erosion or ulceration, or a spreading canker of the mouth, not a common disease, occurring "in weakly children who have been deficiently fed, and who have been previously reduced by disease."

8. Œdema cellularis, or skin bound.

There is a third class of diseases usually symptomatic, but arising also from extraneous excitement; depending probably on peculiar idiosyncrasy.

1. Roseola, or rose rash, "an efflorescence, of a rose or light crimson color, symptomatic of derangement of the visceral functions or of dentition."

2. Erythema, a diffused redness of the skin. "It is commonly evanescent when arising from derangement in the primæ viæ,

appearing at irregular intervals."

3. Eczema, an eruption of small pearl colored or brownish vesicles. "In some children internal irritation will frequently produce it." But the most common cause is draughts of cold water, or acid or subacid fruits, if swallowed in the heat of summer. The disease is then termed surfeit.

4. Pityriasis, consisting of progressive laminæ of thin scales, which enfoliate, called dandriff.

5. Psoriasis, or scaly tetter, resembling lepra, but attended with more vascular action, often hereditary, and requiring that "the bowels be kept open" during the treatment.

6. Porrigo, or scald head, and ringworm of the scalp, scarcely at all depending on internal disease.

7. Paronychia, various kinds of felon and whitlow; though sometimes of constitutional origin, scarcely ever requiring internal remedies.

8. Lepra, leprosy, of various names according to the part affected, rarely requiring internal medicines.

9. Erysipelas, sometimes proceeding from gastric irritation, but depending more on peculiarity of constitution. In either case, if extensive, it is unsafe to attempt the cure by local applications.

10. Miliare, an eruption of minute pearl-colored vesicles, is of rare occurrence.

11. Pompholyx, consisting of bullæ or blisters, sometimes appearing during teething, and sometimes occasioned by swallowing cold water in the heat of summer.

To the foregoing cutaneous diseases, most of which are generally sympathetic, and which occur,

most of them, in adults, may be added some others which are peculiar to adults.

1. Lichen, an extensive eruption of papulæ, connected with internal disorder, usually terminating in scurf, recurrent, consisting of seven species, most of them characterized by heat and itching.

2. Ionthus, or stone pock, peculiar to inebrates, and produced by sympathy of the skin with a torpid state of the stomach.

3. Ionthus corymbifer, or rosy drop, or rum blossom, produced by sympathy of the excrements of the skin with the liver.

4. Chronic ulcers of the lower extremities.

5. Anthrax.

Although most of the foregoing sympathetic diseases may be termed symptomatic on their first appearance, coexisting as they do with an internal affection, yet many of them, even while recent, may with advantage be separated from the list and termed metastatic, because they are a concentration of the whole internal disease upon the skin. Of this description are those cutaneous eruptions that occur on the crisis of fever, and other severe constitutional diseases, tinea capitis, and other chronic eruptions of childhood, and all those which are attended with entire relief to all the internal organs,—erysipelas when preceded by constitutional derangement,—rose-drop and anthrax. To these should be added those chronic eruptions and ulcers of adults, whether constitutional or local; for if they are of long standing they are associated with the animal economy, and their sudden removal would produce metastatic affections upon some

internal organs. Psoriasis and lepra, that are hereditary, or of very long standing, although attributable to no internal disorder, will be apt to produce one, whenever a successful attempt is made to remove them suddenly. Even habitual sweats cannot, as before remarked, be suddenly arrested with impunity. In short, all chronic cutaneous diseases that are local in their commencement, may prove metastatic in their effects if suddenly removed.

I have said that the division of sympathetic cutaneous diseases into symptomatic and metastatic, is of some importance in their treatment. In those termed *symp-tomatic*, we are to attend to the state of the organ whose disease caused, and continues to prolong, the cutaneous affection. When that is removed, the symptomatic disease of the skin, if recent, soon disappears, and a hasty repression of the latter, without regard to the primary affection, may be followed by an aggravation of it, or by metastasis of the cutaneous affection to some other more important organ. Thus, erysipelas upon the face, excited as it in many instances is by gastric irritation, may be repelled to the brain, and prove fatal. All those cutaneous affections of children caused by gastric irritation or by teething, will, if subjected to a repelling treatment alone, either aggravate the primary affection, or produce a metastatic affection in some other organ.

But in respect to those cutaneous diseases that are *metastatic*, whether so in their origin, as in critical eruptions, abscesses, ulcers, glandular swellings, &c., or are likely to become so from their long, and consequently habitual

influence upon the constitution, as long existing issues, chronic ulcers, carbuncles, rose drop, &c. they are salutary in their effects, are real prophylactics, and to be treated with respect proportioned to their age and magnitude,—are not to be attacked in front and driven in upon the central organs, but are to be approached through the medium of the circulation, or through other sympathies, by alteratives, countervailing irritations and artificial drains, by sudorifics, diluting drinks, chalybeate medicines, mineral tonics and strict attention to diet, conjoined with vapor bath and frequent ablations; in short, by whatever will improve the state of all the functions. When these affections, or those chronic eruptions of local origin, that have by their age become associated with the animal economy, as long protracted itch, lepra vulgaris, &c. &c., are suddenly repelled by accident or injudicious treatment, and internal disorder ensues, a substitute is to be made in the form of blisters or issues, proportioned in magnitude to the first affection and to the danger it threatens within.

II.

A SKETCH OF THE LIFE AND CHARACTER OF JOHN ARMSTRONG, M.D.

THE following account of a physician with whose writings every member of the profession is familiar, we copy from the *Western Journal*, a work sustaining a high character among the best periodicals of the day. The facts from which the biography was drawn, were gathered from a longer and more elaborate history of Dr. A. published in the *London Quarterly*.

Dr. John Armstrong, one of the most zealous and illustrious cultivators of medical science—a popular teacher, an admired writer, and a successful practitioner—died on the 12th of December, 1829, a martyr to his professional and scientific pursuits.

The original education of Dr. Armstrong, both medical and classical, was very limited. His natural abilities and his great industry and observation, however, soon abundantly supplied this defect, and his writings evince a very intimate acquaintance with the principles of his profession, and with subjects of more general interest. Indeed, in the pursuit of a profession where knowledge can be of little use until personal observation has directed its practical application, the want of professional learning was of comparatively little consequence to a mind like his, fitted by nature with peculiar talents for the investigation of disease.

His “*Practical Illustrations of Typhous Fever*,” the work in which he published the principles and practice upon which his fame principally rests, was published in 1816. Two years afterward, encouraged by the favorable impression he had made upon the profession, he removed to London, and shortly after, a vacancy having occurred in the London Fever Hospital, he became a candidate for the appointment of physician to that institution. The canvass having commenced, he offered himself to the College of Physicians for examination, and for a license. For some reasons, which have never been explained, he was rejected,—the crisis of his fate was at hand, and the irretrievable ruin of his professional prospects must have appeared to be the inevitable

result. But public feeling reacted strongly in his favor, and the event which threatened to blast his prospects was the means of accelerating his elevation. Not only was he elected physician to the institution, with a full knowledge of his rejection by the board of censors, but a great many practitioners interfered in his behalf, and materially promoted his introduction into practice. Great as Dr. Armstrong's talents certainly were, assisted also by his most interesting manners, his social virtues, and by the most consummate tact and worldly wisdom, his unexampled success in his professional pursuits can only be explained by the strong interest excited in his behalf, in consequence of this unjust decision.

Not satisfied with having secured a very extensive and lucrative practice, he directed his attention to delivering a course of lectures, in which he proved eminently successful. His high reputation, his animated and eloquent manner, his plausible opinions and ingenious disquisitions, illustrated and defended by the results of his extensive and accurate observation, together with the practice of elucidating his lectures by numerous drawings and preparations, soon procured him a larger class of students than that of any other physician in London.

The publication of Dr. Armstrong's Lectures is said not to have enhanced his reputation among those members of the profession who were best qualified to judge of their merit. The cultivation of the branches of science subsidiary to medicine has so far extended the field of study, that no person, however great his genius and extensive his acquirements, can expect to maintain, in a course of

lectures, the reputation he may have acquired by concentrating his labors upon a single subject. Retailing, as he must to a very considerable extent, the observations, opinions and practice of others, he loses the interest of originality, and the confidence arising from personal observation.

His lectures, however, served to extend his reputation and practice. The proverbial facility with which the minds of youth adopt the views of their instructors, applies with peculiar force to students of Medicine. The principles of the profession, depending not upon obvious and familiar facts, but upon observations intricate, complicated and indefinite, afford to the ingenious professor an opportunity of imposing his peculiar views to an unlimited extent. And further, the student, dependent on his preceptor's assistance in every stage of his progress, very generally becomes attached to his person and overrates his talents.

Dr. Armstrong never exhibited the marks of a sound constitution. He was always delicate, and frequently affected with a cough, which he attributed to a catarrhal affection, but which, in all probability, arose from an hereditary predisposition to consumption. From the great number and hardness of the tubercles which were found in his lungs after death, they probably had existed from childhood. That they should have been excited into such fatal activity at so late a period of his life, can be accounted for only by the great labor which he imposed upon himself. An extensive practice, to which he paid assiduous attention; lecturing in a confined and unhealthy situation during the whole year, and frequently several times

in the same day ; the inhalation of putrid effluvia during the examination of morbid parts, together with the great excitement into which he worked himself in every lecture, were more than sufficient to break down a constitution in which lurked already the seeds of a fatal disease. During the last eighteen months of his life, his disease, in the estimation of his friends, began to assume a very formidable character. In the course of the last summer, he was obliged to desist from lecturing, and retire into the country for change of air. After travelling a few weeks, he returned to London, apparently much improved in health, and in his own estimation quite well. In September he went to the north of England, his native country, and returned to the city in October much worse.

That incredulity which is characteristic of pulmonary affections, retained possession of the mind of this intelligent physician to the last stage of his disease. He would never admit that there was any serious disease of his lungs, and, even so late as November, authorized his friends to contradict such a report on his own special authority. He continued to ride out in his carriage until within ten or fourteen days of his death, which took place on Saturday, the 12th of December, in the 46th year of his age.

The emaciation was so great that no person could recognise the countenance of the living in the dead body. On examination, an immense excavation was found in the left lung, with tubercles and adhesions on the same side. The right lung also was studded with tubercles, some of them very hard, others beginning to soften down.

Few physicians, during their life time, have enjoyed the satisfaction of seeing their works so widely circulated, and their reputation so durably established. In his first and greatest work, the essay on Typhus, he has divided fever into three varieties, the simple, congestive, and inflammatory ; in the first of which, general reaction follows the stage of depression ; the second, in which the circulation is so much impaired during the cold stage, or the vital functions are so much oppressed by visceral congestion, that reaction cannot take place ; the last, in which the fever is accompanied by inflammation, either produced by external causes anterior to, or simultaneous with, the general excitement—or arising, during the course of the disease, from high vascular excitement acting upon organs exposed to casual irritation, or suffering from the derangements of the circulation which have taken place during the cold stage. In his subsequent works, he has attempted to extend these principles of pathology to a variety of febrile diseases. Believing them to be correct, we have no disposition to compare them with the views of the French Pathologist, nor to dispute with the latter the exclusive merit of prescribing remedies upon rational principles. Convinced, however, that post-mortem examinations can only show the condition of diseased organs at the moment of death, we deny the right to infer from morbid anatomy the origin of fever ; and, with a firm belief that these views are sustained by the order in which the symptoms succeed each other, we confidently expect that time will confirm the interpretation which pathologists have hitherto

almost uniformly given to the phenomena of fever.

But it would be doing injustice to the memory of Dr. Armstrong, to rest any portion of his reputation upon his speculative opinions. Indeed, he has himself rather avoided them, treating them cursorily when they came in his way, rather as questions of curiosity than of practical importance. His descriptions of disease, clear, comprehensive and concise, indicate a mind capable of the most extended views in science, with a talent for the most minute and faithful investigation, and will be read with interest when the disputes which now divide the medical world shall be forgotten.

The practice which he recommended was energetic and decided, perhaps to an extreme,—combined, however, with that accurate investigation of symptoms, and that strict attention to subsidiary medicines, which must certainly have made him a safe and successful practitioner. The similarity of many of his theoretical and practical views with those of the late Dr. Rush, cannot have escaped the observation of any person familiar with the works of the latter; although the views of Rush, necessarily indefinite from his imperfect knowledge of the pathology of congestion, are often still further obscured by his peculiar and often unintelligible speculations.

It is now, we believe, generally admitted, that the typhous fever of this country seldom calls for the decided practice recommended by Dr. Armstrong. Dr. Rush found that the yellow fever changed its character so much in succeeding years, that he was compelled to modify very mate-

rially the practice which he found so successful in 1793; and it is generally believed that this illustrious man lost his life by attempting to apply the same practice to the typhoid epidemic which prevailed so extensively in the United States a few years ago.

In private life, Dr. Armstrong is represented as extremely interesting,—an eloquent companion, a generous rival, a warm and sincere friend. Very few would be inclined to suspect, from the tenor of his writings, that he was much inclined to speculation or hypothesis; yet in conversation and in his lectures, he is said to have embarked in discussions of this nature with great zeal, and to have brought to the support of his views, a body of facts and illustrations which he used with much facility and address. The activity and ardor of his mind, however, disposed him to the observation and hasty generalization of facts, rather than to the profound investigation requisite for constructing a durable system. From this trait of character, he was liable to fluctuate in his views; and, under these circumstances, his candor led him to renounce his opinions as hastily as he had adopted them. In his original essay on typhus, he made the fact of its arising from contagion a criterion of the disease. Subsequently he renounced this opinion, and considered typhus as a fever of malaria, disposed to assume the continued form, in consequence of the tendency to local inflammation. It is not so generally known that, in after life, his practice became cautious and even timid, and that cold drawn castor oil was made to supply the place of calomel and

the lancet. Perhaps this change may, in some degree, be attributed to the different rank which his patients occupied in the later years of his life, they being probably drawn from the two extremes of society, and consequently requiring a more cautious treatment; but whatever may have been the cause, a prejudice thereby was raised against him, which rendered him averse to similar discussions. The fact may afford a striking lesson to the intolerant partisans of speculative opinions, and a still more useful caution to those who, from their success, are disposed to decry the practice of those who prescribe upon different principles.

In reviewing his career, we are disposed to regret that, by extending his labors so far beyond the limits of prudence, he should have deprived the world of his services just at the period when they were becoming most valuable. It may be urged, by those who estimate a man's usefulness by the result of his individual labors, that, by attempting less, he might have effected more; that, by directing his exertions to a more definite object, he might more effectually have advanced the interests of humanity, and have lived long, an ornament to his profession and a benefit to society. But when we reflect how few are willing to follow his example, and how many are unwilling to exert that labor and study which are necessary to qualify them for the emergencies of ordinary practice, our regrets may be diminished. The different branches of medicine are so intimately connected, that the accomplished physician must be familiar with the principles of them

all. The temple of Medical fame has, by the united labors of numerous individuals, been raised to such an elevation, that he who would climb to the summit must be urged to unceasing exertion by every motive that can actuate the human mind. As an individual extends his reputation, his influence and utility increase in a geometrical ratio; and although the personal labors of Dr. Armstrong have been terminated by death, he will live long to the profession, and especially to those who were within the reach of his personal influence, in his recorded labors, and the recollection of his bright example.

III.

USE OF OPIUM IN CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am so confident of the efficacy and safety of the following mode of treating the common *bowel complaint* of children, as to desire it communicated to the profession through your useful Journal.

This complaint is too common to require a description of its symptoms, or a history of its progress; I shall only relate, in a few words, the mode of treatment which I have found, for the three years past, to be completely successful, both in hot and in cool weather, in favorable and in unfavorable circumstances. The same treatment has been pursued, whether I have found this complaint in the form of cholera morbus, simple diarrhœa, or dysentery. If anything can be retained on the stomach, I give the following dose to a child a year old:—

Castor oil half an ounce, or table-spoonful ; tinct. opii 8 drops ; fine sugar a teaspoonful ; well mixed. To be given morning and night, when the complaint is severe. If the stomach throws up this, I give the laudanum in eight-drop doses, once in an hour, until the stomach will retain the oil : but if the stomach entirely refuses the laudanum, I give it in ten-drop doses by injection, until quietude is produced. This difficulty is experienced often in cholera, seldom in dysentery, and never in diarrhoea. If the complaint is not severe, I give the mixture only in the morning, and six or eight drops of laudanum at night. Paregoric may be substituted for the laudanum, but I like the laudanum best.

For *food* I give boiled milk and water ; and if the child has been much fed with solids, I add crackers and white bread soaked in the milk. For *drink*, simply water, of the temperature of the air in summer and early autumn. When the child is much emaciated, bowels swelled, limbs cold, and constant groaning, I add brandy to the milk, and feed it with this, in the form of punch, several times a day. This hastens the cure, though not essential to it. The oil and opium in large doses, I conceive to be essential to the cure of this complaint ; or, in other words, to allay irritability, and to evacuate the bowels copiously, through their whole tract, every day or twice a day. This is the whole of my treatment.

Opium is the surest sudorific in the materia medica, though not generally the quickest ; in this, perhaps, its efficacy principally lies, though I shall offer no theory

upon the subject. Opium has a singular effect in regulating the powers which generate heat. In the bowel complaint of children, the natural heat is withdrawn from the extremities and accumulated about the vital parts. Opium increases the heat and diffuses it equally over the system, and enables the system to support a copious perspiration.

Where the complaint has continued long, the child should be kept in a gentle sleep with the laudanum, for the greater part of two or three days. It will always awake for drink. By this mode of treatment, children have recovered as from a crisis of fever, as soon as a sweat has appeared upon the skin. I have seen, during the two last years, seven or eight children recover from the *worst stages* of this complaint in the space of two weeks, where the foregoing mixture was administered once and sometimes twice a day, during that time. One child took a pint and a half of oil in three weeks, and at the end of this time it had gained flesh. In health, the bowels of children move much quicker and oftener than in adults, and in sickness, especially in this complaint, they will bear evacuations with much less loss of strength than adults. This may be observed from the length of time which bowel complaints last in children, their frequent stools, and, at the same time, their strength and activity. It is my opinion that a well child would *gain flesh* by taking an ounce of oil a day. It is not evacuations that kill children, but pain and the disease.

The griping and distress sometimes occasioned by the opium, is obviated by the oil, the operation

of which never fails to remove it; the opiate in turn supports the system under the operation of the oil. I think that some cases may be cured by the latter medicine alone. The sugar effectually conceals the taste of the oil, and prevents it from being rejected by vomiting before it reaches the stomach.

Milk is the accustomed food of children, and therefore the most suitable; it is altogether unreasonable to give children a new kind of food when they are sick. Water too is an accustomed drink, and one of the simplest things in nature, and is therefore not objectionable. Indeed, how can we qualify water so as to make it more simple? If we add anything to it, we make it a compound; if we take away anything, we turn it into gases unsuited to the stomach. It may be safely let alone.

It may be added that, in this complaint, some portions of the bowels are always torpid and contracted; hence the griping and pains, and the necessity of daily evacuations as long as the complaint lasts.

Yours, respectfully,

DAVID B. SLACK.

Providence, Aug. 2, 1830.

IV.

DR. MOTT'S NEW INSTRUMENT.

For the Boston Med. and Surg. Journal.

MR. EDITOR,—At page 391 of your Journal published July 27th, 1830, there is an article entitled "Dr. Mott's new Instrument." Whether it be new as respects him is not for me to determine;—but that it is in fact an old instru-

ment, and indeed so old as to have become rather antiquated, appears by the following extract from Benjamin Bell's *System of Surgery*, Vol. 4th, page 411. Edit. Edinburgh, 1787. "Figure 3d (Plate 54), the instrument in common use as a speculum oris, but is so defective that it can seldom be used with much advantage." The plate is inserted between pages 200 and 201 of this volume. The only difference of any importance that I can perceive between this figure and that of Dr. Mott in the *American Journal of the Medical Sciences* Vol. 5th, page 104, is, that the extremities of this are represented as grooved, and the other is not so represented. There is also a figure of this instrument in Heister's *System of Surgery*, Vol. I., Plate xx., fig. 12, published at London in 4to. A. D. 1743. Whether Dr. Mott ever read either of these works, is unknown to me. If he have not, he might perhaps derive some advantage by perusing them;—if he have, one would think either he must himself have a treacherous memory, or believe that to be the case with other people.

Yours, &c.

SENEX.

The reader will find, on a succeeding page, some brief account of the manner in which the instrument alluded to in the foregoing communication has been brought before the public in this country and abroad.

 BOSTON, TUESDAY, AUGUST 17, 1830.

DESRUELLES' MEMOIR.

Memoir on the Treatment of Venereal Diseases without Mercury, employed at the Military Hospital of the Val-de-Grace. Translated from the French of H. M. J. DESRUELLES, M.D. &c. To which is added, Observations on the Treatment of the Venereal Disease without Mercury. By G. J. GUTHRIE, Esq., Dep. Inspec. of Hos., Lec. on Surg., &c. And various Documents showing the results of this Mode of Treatment in Great Britain, France, Germany, and America. Carey & Lea. Phil. 1830.

THE experiments performed by M. Desruelles at the Val-de-Grace, and the success with which he pursued the non-mercurial practice in syphilis, are already known to the American public through the medium of the journals. The author, however, is by no means a mere experimentalist. His views of the nature of syphilis are evidently founded on much reflection, and his work, considered simply as a pathological treatise, will amply repay the trouble of attentive perusal.

There are three questions, two of a theoretical and the third of a practical character, which may be considered as still sub lite with regard to venereal disease. These regard the existence or non-existence of syphilitic virus; the identity or diversity of gonorrhœa and syphilis in respect to their origin; and the comparative advantages of mercurial and non-mercurial treatment. We believe it to be very easy to consider these questions as wholly distinct from each

other, and are not aware that the solution of one necessarily involves that of either of the others. They appear however to have attracted attention about the same period, and in this work, as well as in others, the refutation of the popular notion in regard to the first two, seems to be considered a necessary prelude to the introduction of new views in respect to the other. We propose to present our readers a brief notice of M. Desruelles' theory, and then to consider somewhat in detail the whole amount of testimony hitherto submitted in favor of the practice which he recommends.

M. Desruelles is decidedly hostile to the notion of a venereal virus, which according to him is wholly unsupported by any known fact. Admitting the disease to be in a proper sense contagious, this is by no means a sufficient reason for such an inference; for smallpox, measles, and scarlatina, are contagious diseases, yet no one believes in a variolous or rubeolous virus (p. 47). Contagion, though a frequent, is not a necessary source of the disease; for there is no doubt that it has occurred in many countries spontaneously and without being imported (*Ibid*). The immediate cause of syphilis is irritation (p. 70), and the effect of this irritation depends less on the nature of the irritating substance itself than on the state of the parts to which it is applied, and that of the system generally. The same irritating secretion, therefore, applied to similar parts, will

prove harmless to one, in another be followed by urethritis, in a third by balanitis, in a fourth by adenitis (p. 45); and where predisposition exists, either of these may be produced by causes not syphilitic.

As respects secondary symptoms, M. Desruelles thinks they recur in virtue of a general law by which the system conforms its action to any irritation which has existed for any length of time (p. 75). The idea of a virus is not more necessary to explain the transfer of venereal disease, than to explain the metastasis or erratic rheumatism (p. 77), or the course of scrofula or scurvy. The true explanation is, that the whole system has become debilitated from the duration of disease or from the nature of the local or general treatment, and becomes incapable of resisting slight morbid causes, or of controlling the processes which these causes induce. Hence

“A wound received, will not show any disposition to heal, and if union be attempted, the endeavor will be fruitless. Adenites will appear, and suppuration will in most cases be inevitable; if opened with a sharp instrument, the borders of the incision will swell, and even be inverted if stimulating unguents be applied; at a later period, pustules will cover the skin, the throat will inflame, ulcers will extend over the veil of the palate and the thin tissue of the amygdalæ, or will cover the pharynx, and creeping ulcers will gradually cover the whole surface of the body. The anus will become the seat of ulcerations, and of vegetations which appear first on the penis; at a later period, the features of the face will thicken, and it will appear quite different; the skin will change color, will become thicker and harder, and

afterwards become very thin and extremely pallid. The sub-cutaneous cellular tissue will appear as if absorbed, and the muscles will sink in.

“These are not the only changes which will be perceived. The viscera themselves will become deeply involved, and will effect the ruin of the system, if this state be not soon altered by methodic treatment.”

Such is the outline of M. Desruelles' theory of syphilis. Like most other theories it certainly has its weak points, which we presume the advocates of a venereal virus will not be slow in discerning. As we have no wish to enter farther into this branch of the subject, we must content ourselves with referring to the work itself for many facts and arguments touching the above points of doctrine.

We have said it was our purpose to compare the results obtained at the Val-de-Grace with those which have been recorded at different establishments. We are enabled to do this with great facility, as there is appended to the present volume two very full and important tabular reports, each containing more cases than are given by Desruelles, besides several smaller records which go to confirm the same results. Of the three which we intend noticing, the one most favorable to the non-mercurial practice is that of M. Desbrus, of Strasburg, which embraces 2171 cases of patients affected with syphilis in various forms and at different stages. Of these, 1142 underwent mercurial treatment, and 947 were treated without mercury. The following were among the results obtained:—

Of 325 patients affected with primitive ulcers and treated *without mercury*, the duration of treatment in 48 was from 5 to 10 days.

90	11 to 20
45	21 to 30
28	31 to 40
8	41 to 50
4	51 to 60
2	61 to 80

Of 188 patients affected with primitive ulcers and treated *with mercury*, the duration of treatment in 3 was from 5 to 10 days.

18	11 to 20
30	21 to 30
52	31 to 40
45	41 to 50
22	51 to 60
15	61 to 80
3	81 to 120

Of 273 patients affected with buboes treated without mercury, the duration of the treatment in 24 was from 5 to 10 days.

68	11 to 20
66	21 to 30
50	31 to 40
29	41 to 50
19	51 to 60
13	61 to 80
4	81 to 120

Of 106 cases of buboes treated with mercury, the duration of treatment in 3 was from 5 to 10 days.

7	11 to 20
19	21 to 30
40	31 to 40
20	41 to 60
10	61 to 80
3	81 to 125
4	126 to 200

The general conclusion thus obtained was, that of those treated without mercury, six-tenths were cured in less than thirty days; while of those treated with it, only twenty-seven per cent were cured in that time. As respects secondary symptoms, the results varied still more.

Of the 1142 cases cured with mercury, 63 were affected with secondary symptoms; while of the 937 treated without, these occurred only in 24 cases.

M. Desruelles' results have been mentioned in one of our former numbers; we shall, however, briefly recur to them. The number of syphilitic patients at Val-de-Grace, between April 1, 1825, and July 31, 1827, was 1312. Of these, 1084 were treated for primary symptoms, and 228 for consecutive. Of the former, 386 were treated with mercury; and the mean duration of the disease was 47 days. The other 698 took no mercury; and the average duration of treatment was 28 days. Of the 228 affected with consecutive symptoms, 153 were treated without mercury, and their average term was 45 days. The remainder took this article, but in 42 only was the general treatment as favorable as in the 153 before mentioned. In these the mean duration was 55 days. For further particulars we refer to the work, p. 206.

The last of these documents which we shall mention, and the least favorable to the non-mercurial treatment, is an army circular, signed by J. M'Grigor and W. Franklin, and contained in Hennen's Military Memoirs.* It contains an account of no less than 4767 cases, of which 1940 were cured without mercury, with the exception of 65, in whom this course was commenced and then abandoned for the mercurial, being

* This work has been recently republished at Philadelphia, and is before us for review in an early number.

contraindicated by peculiar circumstances. Of these, 96 had secondary symptoms of different sorts, 84 of whom were cured without mercury. Of the 2827 cases in which mercury was employed, only 51 subsequently had secondary symptoms. The average duration of treatment was somewhat longer in these than in the cases treated without mercury. Many other particulars are mentioned, which we omit. It is a singular fact, however, that in the cases cured without mercury, iritis was frequently observed a secondary symptom, either by itself or attended with eruption. It is not impossible that the ophthalmic disease had some connection with the starving system to which the patients were subjected for so considerable a period. It is a common idea with sailors, that living on rice renders them blind; and it was remarked by Magendie, that in several dogs destroyed by feeding them on substances containing no azote, such as gum, sugar, olive oil, and butter, all were affected, before death, with ulcers on the cornea. Some of these, in fact, extended through the membrane, so that the humors escaped and the organ was entirely destroyed.

In conclusion, we feel it our duty to suggest, that any inference from the above facts, in favor of the non-mercurial practice, ought to be made at least with considerable caution. A remedy which the experience of centuries has sanctioned, is certainly not to be abandoned until very manifest proofs are obtained that it is inefficacious or hurtful. All that can be considered as proved is, that the

use of mercury is not necessary to the cure of syphilis;—what is rendered probable is, that, in the great majority of cases, active antiphlogistic means will be adequate to effect a cure. That the employment of these means will be attended with less present inconvenience, or produce greater eventual safety to the patient, is a point by no means decided. As respects some of the secondary symptoms, the remote causes of their occurrence are still involved in much obscurity. That they are always produced by the use of mercury in the first stage of the disease, is manifestly impossible; since they are known to occur in cases where no mercury has been used. Even M. Desruelles, who is disposed to refer particular cases of secondary symptoms to mercurial influence, does not venture to advance the general principle, but states it as one which he is not yet prepared positively to assert. It is not impossible, that, on farther reflection, he may be induced to abandon this idea, and thus to modify, in some degree at least, the doctrine he so ably and ingeniously maintains.

DR. MOTT'S INSTRUMENT.

OUR respected friend, whose signature presents but one of his claims to attention and respect, has, after all, given us the best light yet shed on the faculty of the present day, respecting the Instrument which Dr. Mott has, rather unfortunately, connected with his own name. In order that the whole affair may be before the reader from a source wholly impartial, we will state the

history of this case in as few words as possible.

In the No. of the American Journal of the Medical Sciences for November, 1829, is a case by Dr. Mott of New York, of "immobility of the jaw, successfully treated." In the course of his account of this case he speaks of an instrument which he used, in such terms as to convey the idea to every reader that it was one of his own invention. His words are these:—

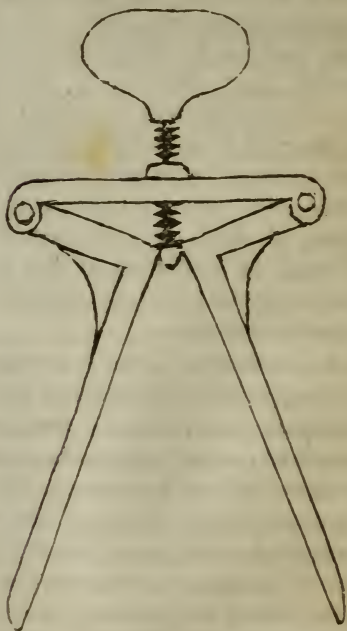
"As no force which I could exert would enable me to open the mouth, I was prepared to apply the mechanical principle of the screw and lever. For this purpose we had prepared an instrument composed of two steel plates, about three inches in length. When applied to each other they were of a wedge shape. To the large end was attached a screw, with a broad handle, which, when turned, caused the thin extremity of the plates to expand. (See figure.) This powerful combination of the lever and screw enabled us to open the mouth completely.

"With considerable difficulty we succeeded in insinuating this *vice* between the range of teeth on the left side, being careful to have it rest along their whole course as much as possible."

In no part of his paper does he give any credit for this instrument, or allude to its ever before having been in existence.

His whole case, with a cut of the instrument, was copied, sometime after, into the London Medical Gazette, and drew from a Surgeon at Bath (Eng.) the letter which will be found on our 198th page, in which he says an instrument precisely similar to that of Dr. M. has been many years in his possession, and was de-

rived by him from his professional teacher. He therefore apprises the faculty of Dr. Mott's mistake in supposing himself the author of this speculum oris. Shortly, Dr. Mott replied in the same Gazette,* and there distinctly claims the invention, and thinks it "a little amusing that this instrument, *thought to be unique*, should have produced its counterpart, and a claim to originality at so distant a period." Here the matter rested until the present moment, when *Senex* comes forward and reminds us that the same instrument was used by Heister in his "System of Surgery," and by B. Bell in his, and that both these authors have given an account and a plate of it in their works. This will be found to be strictly true, and in order that our readers may be the better



* See this Journal, page 391.

satisfied on this score, we have subjoined a very rough sketch of Dr. *Mott's* instrument, and beg them to compare it with those referred to above. We concur entirely with our correspondent in his concluding remark, confessing at the same time some surprise at the dilemma in which our distinguished countryman has placed himself; whichever horn he may prefer, his reputation will be little enhanced by it.

EFFECT OF OPIUM.

IN this stirring period of revolution, both as respects the theory and practice of the medical art, we are disposed to regard with no small interest such observations as go to confirm even the best established principles of pathology and therapeutics. It is in this view, and not on account of any novelty they possess, that we have perused with much satisfaction some conclusions of the venerable Hufeland, drawn from his personal experience of the abovementioned article. According to his view of the subject, opium, taken into the healthy system, produces invariably the following effects:—1. Strength and fulness of the pulse, indicating increased activity of the general circulation. 2. Increase of animal heat. 3. A depression of all the nervous functions; diminished sensibility; sleep. 4. Constipation and dryness of the throat. 5. Increase of cutaneous perspiration; sweating.

From these observations on the effect of opium in health, M. Hufeland derives certain principles for its application in disease, which as we have said are in perfect accordance

with those generally laid down by medical writers. Its employment is strongly indicated in those cases in which pain exists, unaccompanied by fulness of the pulse or other circumstances indicating arterial excitement. Where these exist, other measures appropriate to the symptoms must take the lead in the treatment. On the other hand, the use of opium is required as a stimulant to the circulating system, in cases where feebleness of the pulse and other symptoms indicate general prostration. Among the diseases in which this valuable remedy is most frequently required, may be mentioned dysentery, cholera, croup, delirium tremens, typhus, nervous cough, and diabetes. Thus it will be seen that this venerable man has arrived at conclusions not very dissimilar to those of our correspondent on another page.

DISEASED GROWTH OF THE NAIL.

IT is a familiar fact that one of the most troublesome cases which comes under the care of the surgeon, is produced by that state of the extremities in which the nail grows into the skin and produces ulceration. Under these circumstances it has sometimes been found sufficient to raise the edge of the nail and insert under it a small quantity of lint; thus giving to the ulcer an opportunity to heal. Frequently, however, the removal of the whole nail is inevitable; and to effect this, various methods have been proposed by different writers. The most simple mode of proceeding is to divide the nail with a bistoury or pair of scissors, and then

seizing the fragments successively with a pair of strong forceps, to tear them from the subjacent part. A process less cruel, at least in appearance, is to apply a blister, and thus produce an effusion of serum which may facilitate the removal. This, however, while it is far more tedious, is scarcely less painful than the last. A third plan is suggested by a late writer in a foreign journal, and certainly presents some advantages over either of the others. It consists in scraping the nail until it becomes very thin, and then rubbing its surface with the nitrate of silver. The effect is said to be a *raccourcissement* of the nail, so that it can in a short time be removed without pain or difficulty.

TINTEMENT METALLIQUE.

IT is well known to those who have made auscultation a study, that this term has been applied to a sound perceived in the lungs, and indicative of the existence of cavities in their substance, communicating with the bronchiæ. This sound, which was regarded by Laennec himself as a rare symptom, has been since very frequently observed to be produced by percussion over the diseased organ, whether employed before or after death. The sagacity of a late writer has founded a very simple explanation of this phenomenon on the following observation.

If the two hands are joined together so as to enclose a considerable space between them, connected with the external air by one or more outlets, and then, without changing their relative position, are applied with

slight force to a yielding surface like that of the abdomen, a ringing sound will be occasioned by the sudden repulsion of the enclosed air, not unlike that of metallic coins moved on each other. If, however, the hands are placed in entire apposition, so as to prevent the escape of the air, the experiment fails. In the same manner, it is remarked, that if, while percussion is employed over the seat of an abscess, the mouth and nostrils remain open, a greater or less amount of this sound is produced; but if the percussion is made with these orifices closed, no effect follows. This exit of the air, therefore, from a cavity through a small orifice, is supposed by the author to be the true cause of the sound in question; and this view of the subject is stated to have been fully verified by autopsic examination.

DEATH CAUSED BY POLYPUS TUMOR.

A CASE of polypus tumor, obstructing the glottis and causing death, is related by M. Dupuytren in the *Lancette Française*.—An old man, who had been admitted at the Hôtel Dieu, on account of disease of the urinary organs, was, from time to time, affected with suffocation. During the intermissions, his breathing was perfectly easy, and there appeared to exist no assignable cause for the fits, during one of which, however, he suddenly died. On examination, the glottis was found to be completely obstructed by a small polypus tumor, which originated from one of the arithnoideo-epiglottic ligaments: it was of cellulo-vascular texture, one inch and a half in length, bilobular at its extremity, and covered with mucous membrane. It appears that this tumor had generally been hanging into the pharynx, and

then had not caused any uneasiness ; but that whenever any change was produced in its position, it obstructed the glottis, and thus ultimately produced suffocation.

Prize Essay.—*The Medical and Chirurgical Faculty of Maryland* offer a premium of one hundred dollars for “An Essay upon the Nature and Sources of Malaria or Noxious Miasma, from which originate the family of diseases usually known by the denomination of Bilious Diseases; together with the best means of preventing the formation of Malaria, removing the sources, and obviating their effects upon the human constitution, when the cause cannot be removed.”

The dissertations must be delivered to Dr. Henry W. Baxley, Corresponding Secretary, Baltimore, on or before the 1st of May, 1831. “Each dissertation to be accompanied with a sealed letter, superscribed with a motto corresponding with that prefixed to the essay.”

Analysis of Copaiba.—M. Gerber, of Hamburg, has analysed the pale yellow copaiba, and obtained the following results:—Volatile oil, 41; a brown resin insoluble in cold petroleum, 2.18; a brittle yellow resin soluble in cold petroleum, 51.32; water, 5.44.

When the copaiba becomes old, it undergoes some changes, according to M. G.; a part of its volatile oil appears to be transformed into a brown resin,—thus, the analysis of

old copaiba furnished him with the following results:—Volatile oil, 31.7; soft brown resin, 11.15; brittle yellow resin, 53.68; water, and loss, 4.10.—*Archives des Apotheker.*

The Guaco—so much extolled as an antidote to the bite of poisonous serpents, was tried recently in a case of hydrophobia at St. Thomas's Hospital, London. It appeared to act as a narcotic, but exerted no decided influence over the disease.

The Journal of Law, a sheet published semi-monthly at Philadelphia, on the same plan as the Journal of Health, has been a few days on our table. Its objects are good, and it appears to be edited with ability. It is evident that too little knowledge of the laws regulating common transactions exists among us; and this circumstance, taken in connection with the fact expressed in the very appropriate motto of the above-mentioned work—“ignorantia legis neminem excusat”—affords ample proof that a journal designed for remedying this evil, if well conducted, will be a valuable acquisition to our periodical literature. As this publication is designed for popular use, technical phrases are avoided, and explanations, where needed, are full and easily understood.

The N. Y. Medical and Physical Journal, we learn, is discontinued. The last number was published in July last.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING AUGUST 6.

Date.	Sex.	Age.	Disease.
July 31.	F.	21 mo	lung fever
	M.	26 yrs	consumption
	M.	11 mo	cholera
Aug. 2.	F.	29 yrs	consumption
	M.	4d.	infantile
	F.	2 mo	hooping cough
	M.	25 yrs	consumption
3.	M.	11 mo	croup
	M.	1 mo	inflammation in the bowels
4.	M.	33 yrs	intemperance

Date.	Sex.	Age.	Disease.
	F.	4	dropsy on the brain
	M.	36	consumption
	M.	5	dropsy on the brain
5.	F.	3 mo	infantile
	M.	45 yrs	sudden
	M.	19	unknown
6.	M.	57	debility
	M.	33	consumption
	M.	88	old age
	F.	2	convulsions

Males, 14—Females, 6. Total, 20.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures commences on the first Thursday of September, and continues fourteen weeks. Medical degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for Medical Degrees begins on the Wednesday preceding the close of the Lecture Term. Dissertations must be lodged with the Dean of the Faculty at least four weeks before the Commencement. The Trustees have made ample provision for the accommodation of Students, and are completing the advantages for a thorough and complete medical education. The Lectures will be delivered by

H. H. CHILDS, M.D. Theory and Practice of Medicine.

S. W. WILLIAMS, M.D. Medical Jurisprudence.

S. P. WHITE, M.D. Theoretical and Operative Surgery.

C. B. COVENTRY, M.D. Materia Medica and Obstetrics.

W. PARKER, M.D. Anatomy and Physiology.

C. DEWEY, M.D. Chemistry, Botany, and Natural Philosophy.

Matriculation Ticket, \$3. Lecture Fee, \$40. Graduation, \$12. Library, \$1. Board, including washing, lodging, and room, \$1.75 a week.

By order of the Trustees,
S. M. McKAY, Sec.

Pittsfield, Mass. July 26, 1830.

Aug. 10—5t.

MEDICAL TUITION.

THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructors

best calculated to aid the progress of their pupils. In practical Anatomy, they will avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

Terms, 100 dollars for a year; 75 dollars for six months; and 50 dollars for a quarter;—payments to be made in advance. Application may be made to Dr. HALE, No. 14 West Street.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26.

6t.—July 13.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from healthy subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 183 Washington Street.

NEW WORK.

THIS day received, by CARTER & HENDEE, Memoir on the Treatment of Venereal Diseases without Mercury, employed at the Military Hospital of the Val De Grace. Translated from the French of H. M. J. DESRUVELLS, M.D. &c. &c.

To which is added, Observations of the Venereal Disease without Mercury. By G. J. GUTHRIE, Esq., Deputy Inspector of Hospitals, Lecturer on Surgery, &c. and various documents showing the results of this mode of Treatment in Great Britain, France, Germany and America.

Aug. 3.

Published weekly, by JOHN COTTON, at 134, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, AUGUST 31, 1830.

[No. 29.]

I.

PHILOSOPHY OF MEDICAL PRESCRIPTIONS.

For the Boston Med. and Surg. Journal.

MR. EDITOR,—There is no subject on which more vague notions have been entertained or more vague expressions employed, than that of the action of medicinal substances on the human body ; as there is certainly none on which less absolute knowledge is obtained in proportion to the number of new facts which are laid before the public. It is the boast of the inductive system of reasoning, that it rejects all hasty inferences as to the connection between causes and effects, and discovers these connections only by treasuring up great numbers of concordant facts. In applying this system to the present subject, however, we have been far from fortunate. If our system of therapeutics be in fact superior to that of the ancients, it is not because we have added to the general principles of the science, so much as that the discovery of new facts, and the application of a more rigorous plan of examination, has enabled us to reduce the number of those once supposed to be established. The immediate primary effects of medical agents, such, namely, as result from them under nearly all

circumstances, are now, as they have ever been, the subject of attentive observation. Whether, setting aside new medicines, these are noticed now with more care than formerly, or more correct results obtained, will admit of doubt. A second class of facts, namely, the ultimate effects of these remedies in disease, has been unquestionably much enlarged in recent times, and an account of insulated cases has been obtained, far exceeding what the records of Hippocrates, Galen, and Aretæus, can furnish. Yet it will be obvious, on a little reflection, that while the science has been extended, its structure has constantly been rendered more loose and discordant. The two classes of facts I have mentioned, were by the ancients connected together so as to constitute a system. If laxative medicines were useful in fevers, it was not simply because they were evacnants, but because they were cathartics ; and however the word has been debased by its modern use, if we will but look at it with the eyes of a Greek, we shall see how much the poetical idea attached to it by them, exceeded in beauty that which, in its modern form, it conveys to us. In truth, they purified the body by carrying off the foul humors in which the disease consisted. In like manner, diaphoretics conveyed

noxious matters *through* the cutaneous pores, and tonics gave strength by the *tension* they exerted on the muscular fibre. It is not wonderful that, in making up a system on this principle, the imagination should have been often tortured to the discovery of remote analogies, and that the *modi operandi* assigned were but too often fanciful. A still worse consequence was, that this view of the subject, instead of inducing them to enlarge the circle of individual facts as to the curative effects of medicine, had an opposite effect. As it was necessary that all these should be referred to these primary and general laws, it was natural that those which could not be reconciled to them should be regarded as exceptions to general rules, and accordingly rejected.

Such, it must be confessed, is not the spirit of modern investigation. Meeting with the same obstacles to our progress, we do not regard ourselves as authorised thus summarily to set them aside. It is now confessed that the science of medicine cannot be reduced to a few rules derived from the universal operation of medical agents. This conclusion is so quietly acquiesced in, that individual cases are daily reported without the slightest attempt being made to reconcile them to any known and established principle. Whoever will look over the medical journals of the last fifty years, will find them filled with facts at variance with each other, and flatly contradicting every general law laid down in the *materia medica*; and he who should attempt to draw out from the mass a limited number of primary effects of the various articles to which all the rest might be referred, would soon be

convinced that such a task is wholly impracticable.

I have said that these effects are at variance with each other. It is well known, however, that certain substances have been permitted to retain a separate rank, from being reputed uniform in their respective operations on particular diseases, although these effects had no analogy with those which they primarily exerted. This class of medicines alluded to, are those termed *specifics*. The notion is, however, of modern origin, and the number of articles now admitted to possess this character is exceedingly small.

It is a sufficiently obvious mode of resolving the difficulty above stated, to make the primary effects of each remedy coextensive with the nature of the diseases in which it has been found successful. On this principle, it must appear that quicksilver, opium, digitalis, and alcohol, each possess powers over the circulation, digestion, secretion, and nervous function, almost as various as the possible variations of these functions from their healthy state. The advantage gained by this view of the subject, however, is only apparent. Of the collateral effects which would thus arrange themselves under a single article, two or three would often be found, of which not more than one could be salutary in a given case; and although by this the disease might be cured, the energy of the remedy would be sufficient to substitute two, or perhaps three, morbid actions, in place of the one removed,—an exchange which would scarcely tend to the advantage of the patient.

A still more summary mode of explaining these contradictions is adopted by those who argue that

the state of the body being different in health and disease, the effect of particular articles in the former state affords no proper indication of their influence in the latter. This argument, if it proves anything, proves too much; for the system can no more be affirmed to be absolutely in the same state, or to have the same susceptibilities in two different diseases, than in the two states of disease and health; and therefore no inference whatever can be derived from one case to be applied to another. But, in truth, there are facts which contradict this view of the case. The primary effect of remedies when given in disease, is not materially different from that which is observed to take place under other circumstances. Opium renders the pulse full and strong, and digitalis retards it, whatever may be the states of the system under which they are respectively administered. It is the secondary effect produced on the disease itself which constitutes the sum and substance, the pith and marrow, of the question. Shall we say that the system under disease has the power to make any medicinal article fulfil the exact indication required? Or shall we take the opposite ground, and affirm that the appearance of relief being obtained from treatment, is in nine of ten cases entirely fallacious? The first idea, absurd as it may seem, has yet very respectable authority to urge in its favor; and that the second is sometimes arrived at as the result of long experience, is but too well known to require proof or illustration. I am not, however, willing to consider the cause of medicine so despe-

rate; and am inclined to believe that the anomalies referred to can be explained without any extravagant supposition on the one hand, or an excessive scepticism on the other. A tendency has lately prevailed among practitioners abroad, to regard some of those remedies which have been considered specifics—among which calomel may particularly be mentioned—as mere stimulants to particular parts of the system, and as producing a revulsion or metastasis of the disease to the seat of their own action. I cannot but regard this idea as a peculiarly happy one; and am much disposed to extend it to the explanation of a large proportion of the secondary effects produced by medical agents generally. The general truth that disease may be relieved by the transfer of action to a particular tissue or organ, is among the indisputable laws of the animal economy. There is no therapeutic agent the action of which is more unequivocal than those classed as epispastics, as there certainly is none with regard to the mode of whose action there is less dispute. Neither is the benefit derived from this source limited to one disease, or to a single class. On the contrary, I think it may be shown that in one half of the morbid changes which take place in the system, and which are of sufficiently grave character to require medical treatment, the use of this single remedy has been found efficacious. I presume it will not be disputed, that, in the great majority of these cases, no other *ratio medendi* can be assigned, except the transfer to the cutaneous organ of the morbid pro-

cess which has existed elsewhere.

This incompatibility of morbid actions, or, as it may without impropriety be denominated, antipathy, appears evidently to be one of those laws by which the human system is governed. That sympathy in a proper sense is another law of our physical nature, is no less certain, and may be proved by facts equally indisputable, though far less numerous, than those which serve to illustrate the opposite principle. As examples of this, may be cited the consent so often noticed between the stomach and the surface, as well as that remarkable influence which the latter exercises over the bladder, and in virtue of which this organ immediately contracts when the application of cold, or a mental passion, has produced a corresponding effect on the cutaneous tissue. These two great laws, therefore, and especially the former, may with propriety be resorted to, as affording an explanation, perfectly in accordance with the principles of physiology, of those effects of remedies on disease which cannot be referred directly to the known qualities of the articles employed. That a certain portion of the favorable results obtained can be thus referred, there is no doubt; and the cures thus effected are at once the most complete and the most immediate. Thus, to diminish sensibility and to control muscular action, are the direct effects of opium. This article, therefore, is employed with confidence as an anodyne, antispasmodic and anticathartic. Bleeding produces contraction of the extreme vessels, and is therefore resorted to in inflammation. Eme-

tics evacuate the stomach, and cathartics the lower viscera, and are therefore employed when these indications are afforded by the presence of offending substances in the alimentary canal.

It is well known, however, that, in the great proportion of cases we treat, the effects of remedies take place at larger intervals, are more uncertain, and appear to be but a consequence, more or less remote, of the direct and uniform influence of the articles employed. The direct effect of calomel is to produce catharsis. One less immediate, but equally uniform, is the salivation which results from its repeated and continued employment. These are the only effects which it is known constantly to produce; and yet, for neither of these as its ultimate effect, is it perhaps ever employed. The irritation it produces, therefore, must constitute the means through which the indication for which it is given is answered, and the disease relieved. Whether the antivenereal effect of calomel is to be regarded as produced in this mode, or as among its primary and essential virtues, is among the *vexatæ quæstiones* of the day, but one which I do not regard it proper at this time to consider.

By adopting the general principle that the beneficial effects of medicinal articles are often the result of a primary irritation produced on a particular tissue, we are certainly better prepared to explain the frequent failure of medical treatment, than we should be by a different view of the subject. For, in order that it should have its effect in this mode, two circumstances must combine, —1st, that the new irritation be

of a nature to be incompatible with the old ; and, 2dly, that it can, consistently with the safety of the patient, be carried to a sufficient extent to subdue it. The difficulty of producing the specific effects of medicines, when the disease is severe, is matter of daily observation, and serves as a confirmation of the present theory.

Another fact which has more perplexed philosophers, has been the great number of remedies by which the same disease has at different times been cured, though apparently existing under similar forms. A difficulty closely allied to this, is the number of maladies which the therapeutic history of any single potent article may be found to comprehend. It may be said, without much exaggeration, that every principal article in the pharmacopœia has been employed for every disease. It is also matter of notoriety, how very small a number of medicinal articles is employed in the ordinary practice of a single individual ; so that the idea has more than once been suggested, that two or three articles, skilfully employed, might easily be made to do the work of the whole. These jarring and discordant facts, so much the opprobria of the science and the stumblingblocks of the practitioner, find, I apprehend, an easy solution in that view of the subject which has above been taken.

It may be thought, at first view, that the general admission of the principle of counterirritation must tend to render practice more empirical, and to encourage the idea that the choice of a medicinal article for a given case is entirely indifferent. Empirical in-

deed the art seems likely to be, at least until our knowledge is more extensive, and general inductions can be made with more confidence than at present. As respects uncertainty in the choice of treatment, there can never exist a doubt that where the particular function affected, and the nature of its variation from a state of health, are known, and there is also known a medicinal article the uniform operation of which is to produce an effect on this function the reverse of that which constitutes the disease, that, in this case, the article is expressly and solely indicated. Beyond this, there is a wide region of doubt, yet not of entire uncertainty,—a mighty maze, yet surely not without a plan to direct or a thread to guide us. Where the nature of the disease is known, there will always be a preponderance of testimony in favor of a particular mode of treatment, however far the success of this may have fallen short of being universal. Where the nature of the malady is obscure, the safety and comfort of a patient must be consulted in making choice of a remedy the effect of which must after all be doubtful. It is certainly neither a new nor a paradoxical remark, that there is much more to be considered in deciding on a mode of treatment, than whether it is among those which may by possibility relieve the disease.

It must indeed be acknowledged that it is often a question difficult to determine, whether the effects produced by a medicinal article in a given case were in fact proper to it, or whether they depended on a primary irritation produced by the article on some

important tissue or organ. Two considerations will be necessary to the decision of this point,—1st, whether the effect concerning which the question arises be in fact a constant result from the exhibition of the article under all states of the system; and, 2d, whether the immediate irritation be such as is capable of counterbalancing the morbid action, and thus of producing the eventual result. In many cases the decision of these questions is easy; in others, from the limited extent of our knowledge and experience, their examination affords neither harmonious nor satisfactory results. For examples of their application we may take three cases,—in the first of which a dose of Dover's powder has cured rheumatism; in the second, digitalis has been effectual in dropsy; and in the third, iodine has proved equal to reducing an enlarged and apparently scrofulous parotid.

In the first of these, the questions laid down may be resolved with entire facility. The substances of which the pulv. dov. consists do not, under all circumstances, produce a specific effect on the joints: on the other hand, it is well known that powerful diaphoresis, produced by other articles, is often sufficient to neutralise articular inflammation. The diaphoresis may therefore be regarded as the means of cure.

The second question presents more difficulty. It is obvious that digitalis is not known, in a state of health, to disturb the balance of the exhalant and absorbent system, and therefore it seems probable that some irritation is produced capable of arresting the morbid process in the affected tissue. As respects the

nature of this irritation, and whether it is identical with that produced by any other cause, we have no means of determining.

With regard to the third case, we observe that the frequent success with which iodine has been employed in affections of this nature seems to prove a direct influence exerted by it on the glandular system, in virtue of which these organs are absorbed. Some extensive observations, however, made at Meiningen by Dr. Jahn, go to contradict this idea, and to show that this absorption is but one of the effects produced on the digestive system by this powerful agent. It appears by these observations, that the effect of the iodine is to produce general leanness by the absorption of adipose matter (*mâigreur par resorption*); increase of the excretions, as fecal matter, urine, and menstrual fluid; diminution of the secretions, as of the saliva, &c.; and finally, if the medicine is continued, absorption of the glandular and other organs. If this be truly the order in which the phenomena occur, the claim of iodine to be considered a specific agent on the glandular system must be regarded as somewhat questionable. Its effects when applied to the external surface, though well worthy of consideration, do not enable us to determine this point. The solution of the question, therefore, as relates to iodine, must require the result of more extensive observation.

Before concluding this desultory essay, I would beg leave to state a single principle, which I have hitherto ventured to assume as being, I believe, fully justified by the uniform experience of

practitioners. It is, that, when in consequence of irritation the circulation and the vital energy generally are drawn to a particular part, the corresponding diminution is more likely to occur in a part where a morbid increase of action exists, than in those where the circulation remains in its normal state. Thus the effect of a blister is to act upon an inflamed part, and not upon the intervening sound tissues; and an analogous fact is, that when blood-letting gives relief in inflammation, those capillaries which are morbidly charged with red blood part with it more easily than those in which its presence is natural. As a corollary from this proposition, it would follow that an irritation produced by medicine, if sufficient to produce an effect on the system, would either aggravate or relieve a previously existing disease, the sound tissues remaining unaffected.

I have the honor to be,

Yours, &c. PHILOSOPHES.

II.

CLINICAL NOTES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As the following cases seem to have an important bearing upon some physiological principles, I send them to you for publication in your Journal.

Case I.—June, 1829.—Sarah Briggs, aged 8 years, strayed into a rope walk, where there was in motion a horizontal cog wheel, of 10 or 12 feet in diameter, drawn by two horses, and which propelled all the other machinery of the walk. She dropped a cent,

which rolled under the wheel, that was too near the floor for her to crawl under: she reached over the cogs for the cent; her clothes caught by the cogs, carried her round to a horizontal timber raised about two and a half inches above and stretching across about one third of the wheel, and so choked and wedged the wheel as to stop the horses, even when repeatedly put up by the driver. The horses were in an upper loft not immediately communicating with the lower, and the workmen all at the extreme end of the walk. It was judged that she was thus wedged for the space of five minutes, until the workmen could come to her relief from the extreme end of the walk, and then communicate with the loft above; and reverse the motion of the wheel.

When taken out, her scalp, face and neck, were black. She was faint and apparently lifeless, while carrying her about fifty rods to her home.

I saw her about twenty minutes after the accident, and found the left nates extensively lacerated, and a deep cavity, with portions of the mangled flesh, mixed with the torn garments, laying in and about the wounds. The lower part of the abdomen, which I think must have come in contact with the horizontal timber, was extensively marked by the pressure of the timber. The cuticle, and in some places the true skin, was abraded. The perineum was lacerated from the sphincter ani, which was left entire, through into the vagina. This laceration extended through the rectum intestine, which was protruded, and the contents of the bowels forced out, which continued to

pass through this opening for several days. Her scalp, face and neck, were covered with black spots about as thick as measles. The conjunctiva was deeply injected with red blood, that made a remarkable contrast with the blackness of the face and neck. No bleeding from any of the wounds. Her moanings were heart-rending. — After washing and reducing the protruded bowel, we pursued the following treatment :—

Dry lint and an emollient poultice were applied to the wounds. It was not thought possible to heal the wounds by the first intention, although it would have been very desirable in the perineum. About twelve ounces of blood were taken from the arm, and the face and neck sponged with vinegar and water frequently. Food, rice-water.

2d day.—Reaction, heat and thirst. Bled to six ounces. A dose of castor oil, sol. nit. potash, every hour, with acidulated drinks. Food, rice-water.

3d.—Oil had operated kindly ; discharges through the perineum ; heat and thirst not so great. Removed the dressings. Wounds were beginning to suppurate and slough. Continue the same dressings and treatment.

4th.—Blackness has spread more uniformly over the face, and seems to be dispersing. The eyes more injected with florid blood. Heat and thirst lessened ; more appetite. The poultice is dispensed with ; the wounds dressed with dry lint, compress and bandage.

From this time the wounds went on well, and at the end of four weeks the perineum was completely healed ; and the nates,

after losing a portion by sloughing, in six weeks. The blackness in the face and neck gradually disappeared, and at the end of ten days was not perceptible. The redness of the eyes lasted some time longer, and at length wholly disappeared.

Remarks.—It is probable that while the patient was wedged between the wheel and timber, five minutes, the circulation was wholly interrupted from above the division of the aorta into the iliaes ; that a larger quantity of blood was thrown towards the head than could be returned by the veins, and remained longer in the capillaries ; so that the process which changes the blood from a florid to a dark color was longer in operation. Were these petechial spots only enlargements of the capillary vessels, or were they minute extravasations ? It will be recollected that they were ten days in dispersing, by a gradual diffusion and change from a black to a uniform brown, and then to a white and natural color of the skin ; and that the redness of the eyes had increased on the fourth day, bearing a venous complexion, and that this venous complexion continued till the deposition was wholly removed. I am inclined to the opinion that these small vessels were ruptured, and extravasations took place ; otherwise the spots and color would have sooner disappeared.

Case II.—Oct., 1829.—B. C., aged 8 years, while standing reading in his seat, on a sloping floor, in the school room, received a blow or push with a foot on the nates, which caused his feet to slip, and brought his right testicle, with

some violence, against the upright, or support of his writing-bench, which hurt him a good deal, and ached all the afternoon. He attended school a number of days after, when he found it inconvenient to walk, from the swelling, and was confined to the house. On the fourth day, I found him with no sensible injury of the testicle, and very little tenderness; the scrotum anasarcous; his general health very little disturbed. We soon discovered water in the abdomen and throughout the system, which continued to increase, in opposition to most of the usual remedies, till the 27th day from the injury, when he died. Had no fever; a tolerable appetite till within four or seven days of his death; somewhat thirsty. Towards the last of his sickness, his mother was satisfied that more water was discharged from his stomach than he drank fluids. Every part seemed crowded; he was unable to open his eyes for several days before his death, and to breathe, without great labor.

Case III.—E. B., aged 40, has had ascites for eighteen years. Eighteen years ago her life was despaired of. She recovered, however, a tolerable degree of health, and has been able, with a tumid abdomen, to labor for her living ever since, till the summer of 1829, when, three or four months after marriage, her abdomen began suddenly to increase in size, and afterwards her lower extremities to become œdematous. In September, 45 pints of water were drawn, and in five weeks, 50; three weeks after, 50 more from her abdomen. The last time, previous to the operation she fainted, apparently

overcome by the pressure of the water upon her vitals, and was not restored till the pressure was removed by the discharge of the water,—about one hour. From this time the disorder seemed to be checked, and the remaining anasarcous fluid was discharged by the urinary passages. Her general health and strength returned, with only a little water remaining in her abdomen, which has never been entirely free. This has been very gradually increasing again till this time, Aug. 12th, 1830, when I should judge she may have one or two gallons. No anasarca at this time.

In the second and third cases, it appears that sudden and opposite impressions were made on the system. In the second, the action of the absorbents seems to have been wholly and quickly destroyed; in the third case, their lessened action was suddenly and somewhat permanently restored.

Very respectfully yours,

R. A. MERRIAM.

Marblehead, Aug. 12, 1830.

III.

USE OF OPIUM IN CHOLERA.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—In the cholera, diarrhœa, and dysentery of children (of which I treated cursorily in the last number of your Journal), I regard daily purgatives, especially of oil, to be the essential remedy; opium the preparative and assistant remedy; and the two, properly used, as scarcely less a specific than the bark for intermittents. The cholera sometimes attacks so suddenly and

heavily as to carry off the patient in a few hours. In a case of this kind I have never tried the opium and oil. I saw one such case before I dared venture upon such large doses of laudanum. The bowel complaint of children I have always thought a curable one, and, during the season of it, have observed it closely.

During my first administration of the oil and opium, I visited my patients twice or three times, and often four times a day, staying long with them, and giving the medicine myself. Indeed, it is absolutely necessary to pay good attention to children under this treatment; to see that the opium does not distress, or rather to remove it by the oil; and that sufficient evacuations are procured daily. I have been surprised at the quantities which children will discharge, especially where the bowels are hard and swelled. Sometimes the opium must be suspended and only the oil given, or the opium given in smaller doses and oftener repeated. For two or three of the first days, all evacuations should be checked but what are procured by the oil. Sometimes the laudanum will suit well at first, and afterwards the system will appear to refuse it like a poison; in such cases it will do no good and must be laid aside, and the oil given alone. Nor should we give up the administration of the medicine, singly or combined, until the child is completely restored; and, in case of a relapse, pursue the same course. A few untoward circumstances, or a little delay in curing the complaint, should not induce us to change to something else.

Chalk and magnesia juleps stay in the stomach where you put

them, or at most only move into the small intestines and produce constipation. Calomel is corrosive, particularly in the bowels of children, and very often produces bloody discharges. Opium will not hinder this effect. Mucilages and febrifuges of nitre, &c., only load an oppressed stomach, and, for the most part, over-distended bowels. Water is a great febrifuge, easily passes off by the skin and kidneys, allays thirst, is grateful to the patient, and comes the nearest to a perfect neutral in the bowels of anything which can be given. Some physicians appear to have a complete hydrophobia in the allowance of water to their patients.

When administered in cholera, acids, alkalies and absorbents, are perfectly theoretical, as also are diluents and demulcents. I have observed that when alkalies and absorbents have been given freely, the discharges both from the stomach and bowels smelt sourer and appeared more acrid. But the mere sourness incident to this disease in its chronic stage, does not appear to me to be of much consequence,—if anything, it has merely a little binding effect. Acids taken into the stomach evidently cause griping and pain. Some give medicines to check the flow of the bile, as if that were the cause of the disease, and especially of the vomiting and purging. But this is mere theory. When patients are throwing up bile, they always complain of a very *bitter taste*, and not of a *nauseous taste*, and it is the effect of bitter medicines to allay and not to create sickness. Reasoning from final causes, I should sooner think it an intention of nature that the bile should flow

into the stomach to allay sickness, than to produce it. But in cholera, everything is thrown up as soon as it reaches the stomach; water as soon as bile, and every liquid which we can give, however bland. One diluent or demulcent only seems to require another to dilute that. From the mere circumstance of the bile being thrown up, therefore, we have no more reason for supposing that to be the cause of the disease, than we have to suppose that water causes it, or any other liquid. That a substance so natural to the bowels and stomach as bile should have such powerful cathartic and emetic properties, is quite incredible. The matter of black vomit has been drunk without any such effects. Bile is as natural to the stomach and bowels as to the gall-bladder and gall-ducts themselves. I offer but one fact in refutation of the common opinion about the effects of bile in the stomach. It is this,—that several quarts of bile, in the stomach and bowels, can be rendered perfectly inert by two or three grains of opium; that is, a severe cholera can be checked by it, so that the bile will lay as quietly in the alimentary canal as if it were in the palm of your

hand. Now opium does not control emetics and cathartics in this way. One grain of antimony, or five grains of calomel, could not be made to lay quietly in the stomach or bowels by six, and, perhaps, ten grains of opium. There cannot surely, then, be much of an emetic property in bile, since the stomach and bowels may be full of it, and not operate so hard as a grain of antimony. Cholera, as well as dysentery and diarrhœa, are evidently diseases of the stomach and bowels themselves, and require medicines to influence them. I should judge that, in cholera and in dysentery, the stomach was generally affected from sympathy with the bowels; since the stomach so often becomes healthy, or at least free from sickness, while the bowels grow worse. The stomach ceases to sympathise with the bowels, after the first onset of the disease. In cholera infantum, the stomach often regains a certain degree of healthy action while the disease is preying upon the bowels, and finally destroys the child.

Yours, respectfully,

DAVID B. SLACK.

Providence, Aug. 19, 1830.

BOSTON, TUESDAY, AUGUST 31, 1830.

ENEMATA.

THE use of enemata is becoming a little more common in this country than it was formerly; in England they are now very much resorted to, and gaining every day in reputation; and “in France the glyster pipe is

as common as the teapot in England.”

For the administration of medicines designed to expend their curative force on the intestines chiefly, the superiority of this mode of exhibition over that in common use is self-evident,—it is great in acute as

well as chronic complaints, in febrile disease as well as mere torpor of the peristaltic motion. Evacuations are thus produced without deranging or interrupting the process of digestion; the general strength is little if at all diminished by them, and the diet requires no modification. Besides these and many other general advantages possessed by enemata over cathartics administered by the mouth, there are local diseases in which the specific effects of a remedy are more thoroughly and speedily derived by them than by any other mode of exhibition. This is particularly the case with some painful affections of the uterus and the neighboring organs, in which three or four drachms of laudanum thus applied give immediate and very salutary relief.

For a domestic enema, or one which is to be used in ordinary cases of habitual costiveness, no substance is so innocent yet effectual as *warm water*. Enough of this should be thrown up the intestine to produce very considerable but gradual distension, and the result can scarcely fail to be perfectly satisfactory. Dyspeptics would do well to adopt the use of enemata instead of the solutions, pills and powders, with which they generally worry and irritate their digestive organs; and for the costiveness of children injections have no compeer.—Mr. Scott, an English surgeon, has published a small book of commentaries on the use of lavements, and the following directions which are given by him, may be made useful by every reader.

1. To remove costiveness merely, the object is to break the hardened

and accumulated feces by warm water, or soap and water; a table-spoonful of soft soap to the pint of fluid. Water gruel, linseed tea, or other mucilaginous fluids, may also be employed, or olive oil, treacle, sugar, &c. This is the domestic enema.

2. The temperature of the injection should be rather above that of the body, but not much. It should never be so hot as to cause pain, for then it is thrown off too soon.

3. The quantity of fluid is of some consequence. Most people err in this respect. They use too small a quantity. It should never be less than a pint, and often as much as two or three pints. The liquid should pervade the whole of the colon, or even pass the valves. It then stimulates by its temperature, fluidity, and the distension it produces,—thus exciting not only the colon and rectum, but, by sympathy, the whole line of small intestines. If the injection be slowly pushed up, we may easily introduce two or three pints of warm water, before the *nisus* to throw it off commences. Mr. Scott injected into the bowels of a small female, *post mortem*, seventeen pints of water, and even then the intestines were by no means forcibly distended.

4. The best time for the exhibition of an enema is the morning, after breakfast. It should be retained till a pretty smart desire to expel it occurs. It is better even to let it remain and be absorbed, than to throw it off ineffectually. The slower the fluid runs up, the more will be received. A sudden distension of the rectum and colon generally causes a sudden reaction and repulsion. The first impulse should always be resisted.

5. Mr. Scott says the bladder should be emptied before the injection is thrown up, as a full bladder sometimes obstructs the operation. In ordinary circumstances, however, this is not essential.

It is hardly necessary to state that

various aperient substances may be added to water, when the simple injection fails. Extract of colocyynth, salts, common salt, castor oil, &c., may be used, in various quantities, according to the nature of the case.

MORAL TREATMENT IN DISEASE.

WHEN the close connection which exists between the mind and the body is considered, it is not strange that practitioners in every period and country should have regarded a due reference to the former as an important means of producing a salutary effect on the latter. It is true that few rules for moral treatment are laid down in medical systems, because its nature and the circumstances under which it is to be employed are so various and present such delicate shades of difference, that it is nearly impossible to describe them or their appropriate management. Its efficacy however is universally acknowledged; and in fact it is a due understanding of this part of his art, which, quite as much as superiority in learning or skill, secures success to the practitioner in the treatment of disease. It is mentioning only one instance of the general truth to remark, under how many circumstances it is important that a patient should be inspired with confidence; that he be induced to trust fully in the skill of the attendant, and indulge no despondency with regard to the issue of disease. It may be said indeed that the confidence of the patient is derived from that of the physician, and that in the latter it springs from a consciousness of knowledge equal to the demands of

the case. It were well, perhaps, if this could be admitted to its full extent; but it is too true that self-confidence is often the companion of ignorance, and that doubt and distrust in himself are sometimes an insuperable obstacle to him who but for this defect would possess every requisite for success in his profession. But whatever causes tend to produce the best frame of mind in the practitioner, it is certain that the management of that of his patient is an art which he will do well to study with much care and attention.

An instance of the salutary exertion of this sort of influence has occurred to us in our late reading, which though by no means among the most remarkable on record, was of a kind which must have rendered it exceedingly gratifying to the individual in whose practice it occurred. A young female, who had been employed as a nurse in Paris, was attacked with fever which soon assumed a typhous character. On the 8th day she was removed to the hospital, where she remained a month, without any striking local symptom, but, with rapid pulse, occasional delirium, and increasing emaciation. At the end of this time she had become excessively feeble, and was reduced to the last stage of marasmus. It occurred to the physician of the hospital that a visit from one of her friends, who lived in Auxerre, in Burgundy, might have a favorable effect on the disease. In order to judge of the probable success of this plan, however, he one morning told her that in the course of a few days she would see her father. Her mind was at

once calmed by this intelligence, her intellect became clear, and within twenty-four hours all the symptoms had sensibly improved. Her father was sent for, and arrived within a week. She immediately left the hospital with him, and returned to her native place, where she recovered entirely in the course of a short period.

TRIBUTE OF RESPECT TO THE LATE
DR. JOHN DOANE WELLS.

At a meeting of the Faculty of Medicine of Bowdoin College, August 10th, 1830, called in consequence of the recent death of John Doane Wells, M.D., the following preamble and resolutions were unanimously adopted:—

Whereas it pleased a wise but inscrutable Providence to remove from this world, on the 25th of July last, Dr. JOHN DOANE WELLS, the *Professor of Anatomy and Surgery* in the *Medical School of Maine*, we deem this event one of so affecting a nature, and having such a bearing on the interests of this School, committed to our management, as to require an expression of our grief for his loss, and of our respect for his talents and his character.

At the early age of *twenty-two* years, the Faculty of Medicine, after some experience of his intellectual power and skill, appointed him Lecturer on Anatomy, assured that, proceeding to Europe with such a commission, for the purpose of perfecting his medical education, he would return with enlarged abilities and knowledge, and that his professional enthusiasm would render him the ornament of the new School of Medicine, which the wise and liberal Legislature of Maine had established at Brunswick. Nor were they disappointed in their anticipations. His course of toils in this Institution for *eight years* past, elevated it to the

very highest rank as a School for Anatomical Instruction; and such was his well-earned distinction, that recently he was elected to fill the Anatomical chair in the important Seminary at Baltimore.

Such a brilliant and rapid career in his profession, we think, is unequalled in this country; and this eminence was connected with purity of moral sentiment and conduct, and with a deep respect for our holy Religion. But the same Providence which had prospered his efforts, and opened to him a wide field for useful and honorable exertion, has now terminated his labors at an early period of life, in the freshness and vigor of his powers,—admonishing us that everything is unstable and transitory on the earth.—As his life was unstained with vices, so were his professional instructions uncontaminated by erroneous philosophy. A sincere believer in the Christian Religion, he did not overlook, while unfolding the wonders of the human structure, the skill and power of the great Creator. Of that religion, we trust, he experienced the consolations in his last days.—To his successors he has left the splendor of his example, and to us the remembrance of his many virtues, and some of the fruits of his labors.

It is therefore *Resolved*, that this Faculty are desirous of uniting with the *Medical Society of Maine*, of which he was a member, in deploring their common loss, sustained by the death of the late Professor Wells, and in offering some public tribute of respect for the memory of the deceased.

Resolved, that Professor JAMES McKEEN be appointed to pronounce a Discourse on the occasion of the death of the late Professor John D. Wells, before the Medical Society and the Medical School of Maine, in public, on Tuesday, Aug. 31st, the day preceding the approaching Commencement.

Resolved, that the Secretary com-

municate the foregoing expression of our views and feelings to the deeply afflicted family of the deceased.

PARKER CLEVELAND,
Secretary of Faculty.

Metastasis of the External Action of Tartarized Antimony.—We are furnished with the following notice by the April number of the London Medical and Surgical Journal.—The ointment of tartarized antimony was rubbed twice a day for sometime on the breast of a patient, without producing any irritation in the part to which it was applied; but a great number of pustules, of the precise appearance of those usually arising from this irritant, made their appearance upon the scrotum, which they completely covered. On the discontinuance of the ointment, the pustules disappeared, and when it was resumed, a new crop arose. Particular inquiry was made whether the patient might not have conveyed some of the ointment by his hands to the scrotum; but it was said that he had never made the application himself, and that a cloth placed upon the breast prevented his access to the ointment after it had been applied.

Arsenic in Large Doses.—The Editor of the Amer. Jour. of Med.

Sciences has received a communication from Dr. Dakin, of Columbus, N. J. in which he states, that he has employed, at the suggestion of Dr. Budd, of Mount Holly, N. J. arsenic in large doses, as a remedy for intermittent fever, and with great success. He gives it in the form of pill, in doses of one-fourth of a grain, four times a day—in one case he says he gave as much as five grains in three days. He says that he has never seen any serious injury result from these large doses.

Extirpation of the Upper Jaw.—From the Bibliotheq. Med. for Dec., 1829, we learn that M. Lisfranc, on account of an osteo-sarcoma, was compelled to remove the whole of the superior maxillary bone, with the exception of the orbital plate and the nasal process. Baron Larrey mentioned that, from gunshot wounds, large portions of the upper jaw are often removed, and yet the patients usually do well.

Origin of Worms in the Human Body.—A very interesting and ingenious paper on this subject is published in the Glasgow Medical Journal, of which we shall give an account in a future number.

REPORT OF DEATHS IN BOSTON, THE FORTNIGHT ENDING AUGUST 21.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Aug. 7.	F.	34 yrs	unknown	14.	M.	19 mo	teething
8.	F.	10 mo	do.		F.	14 d	convulsions
	M.	43 yrs	consumption		F.	26 yrs	inflammation in bowels
9.	M.	32	typhous fever	15.	F.	2	convulsions
10.	F.	5	croup		M.	27	dysentery
	M.	55	unknown		F.	2	inflammation on brain
	F.	30	sudden	16.	F.	10 mo	infantile
	F.	4	dysentery		F.	23 yrs	dysentery
	M.	16	consumption	17.	F.	12 mo	do.
11.	F.	11 mo	unknown		M.	40 yrs	intemperance
	M.	11	canker in bowels		F.	30	consumption
	F.	3	nervous affection	18.	M.	3 mo	cholera morbus
12.	F.	3	infantile	19.	F.	25 yrs	consumption
	F.	72 yrs	cancer		F.	2	croup
	F.	9	dropsy on brain		F.	22	childbed
	M.	9 mo	do.		M.	12	accidental
13.	M.	52 yrs	consumption	20.	M.	2 1-2	dropsy
	M.	28	accidental	21.	M.	25	typhous fever
	M.	44	do.		F.	43	intemperance

Males, 16,—Females, 22. Total, 38.

ADVERTISEMENT.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures commences on the first Thursday of September, and continues fourteen weeks. Medical degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for Medical Degrees begins on the Wednesday preceding the close of the Lecture Term. Dissertations must be lodged with the Dean of the Faculty at least four weeks before the Commencement. The Trustees have made ample provision for the accommodation of Students, and are completing the advantages for a thorough and complete medical education. The Lectures will be delivered by

H. H. CHILDS, M.D. Theory and Practice of Medicine.

S. W. WILLIAMS, M.D. Medical Jurisprudence.

S. P. WHITE, M.D. Theoretical and Operative Surgery.

C. B. COVENTRY, M.D. Materia Medica and Obstetrics.

W. PARKER, M.D. Anatomy and Physiology.

C. DEWEY, M.D. Chemistry, Botany, and Natural Philosophy.

Matriculation Ticket, \$3. Lecture Fee, \$40. Graduation, \$12. Library, \$1. Board, including washing, lodging, and room, \$1.75 a week.

By order of the Trustees,
S. M. McKAY, Sec.

Pittsfield, Mass. July 26, 1830.

Aug. 10—5t.

MEDICAL TUITION.

THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructors best calculated to aid the progress of their pupils. In practical Anatomy, they will

avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

Terms, 100 dollars for a year; 75 dollars for six months; and 50 dollars for a quarter;—payments to be made in advance. Application may be made to Dr. HALE, No. 14 West Street.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26.

6t.—July 13.

MED. SCHOOL IN BOSTON.

THE Courses of Lectures begin annually on the third Wednesday in October, and are continued daily for three months, on the following subjects:—

Anatomy and Surgery, by JOHN C. WARREN, M.D.

Chemistry, by JOHN W. WEBSTER, M.D.

Materia Medica, by JACOB BIGELOW, M.D.

Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.

Theory and Practice of Physic, by JAMES JACKSON, M.D.

The apparatus and collections of specimens used in illustrating the demonstrative courses, are very extensive. The fees for all the courses amount to \$70. Board is obtained for about \$3 per week.

This institution now offers greater advantages for the acquirement of a thorough medical education, than it has done at any former period of its history. During the last two years the means of obtaining practical knowledge of the anatomical structure of the human body have been amply supplied to pupils, probably at a less expense than in any other of the schools in the United States. The opportunity of witnessing numerous important and capital operations in surgery, and of attending the clinical practice of one of the best regulated hospitals in this country, are gratuitously afforded to all who attend the lectures of the professors.

June 22.

7t

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THE BOSTON
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VOL. III.]

TUESDAY, SEPTEMBER 7, 1830.

[Nos. 30, 31 and 32.]

I.

THOUGHTS ON FEBRILE MIASMS.

Intended as an Answer to the "Boylston Medical Prize Question" for 1830, "Whether Fever is produced by the Decomposition of Animal or Vegetable Substances; and if by both, their comparative Influence?" *

By CHARLES CALDWELL, M.D.,
Professor of the Institutes of Medicine, &c., in the Transylvania University, Lexington, Ky.

Strenue, sed modeste conandum est.

As the importance of the subject of this memoir is as universally known and acknowledged as that of any belonging to the science of medicine, it would be superfluous to consume time, at present, in illustrating that of which no one is ignorant, or in exhibiting proof of what nobody doubts. To say nothing of the evidence to that effect, deducible from its having been made the subject of a "prize question" by the Corporation of an ancient and distinguished University, its importance is fearfully attested by the fact that it is the source of not only the most common, but the most extensive and formidable calamities, that befall the human family. While war and famine, inundations and earth-

quakes, destroy their thousands, febrile miasms bring millions to the grave. And the amount of suffering which they produce, in a given number of fatal cases, surpasses, not a little, that of death from most other causes. Even when death does not occur, the effects of fever are often more painful and grievous than those of mortal hurts from mechanical violence.

Could this memoir, then, be rendered worthy of its subject, its value would be incalculable. An essay throwing competent light on the true causes of fever, as respects their origin, nature, effects, and collateral relations, would confer higher benefits on man, and redound more to the glory of its author, than any other discovery in medicine. Even that of the circulation of the blood would not equal it in either brilliancy or usefulness; nor would it be comparable to it in the extent and multiplicity of its scientific connexions. By disclosing the proper modes of both prophylaxis and removal, the discovery alluded to, should it ever be made, will either prevent fever entirely, or teach the measures requisite to destroy it in its birth. In either case, old age and accident would become, immeasurably more than they ever have been, the chief outlets of human life.

* This Dissertation won the prize.—ED.

But such a memoir must not be looked for. To say nothing of the writer's incompetency to produce it, success in the attempt is inhibited to every one, by obstacles arising out of the present condition of medical science. Facts are wanting to inform us of all that it concerns us to know of febrile poisons. The chief object that will be aimed at, therefore, in this article, will be to collect such scattered lights as are faintly glimmering from various quarters, and endeavor, by embodying them, and offering a few comments on them, to augment their lustre.

Nor is it my intention to treat of all the miasms productive of fever, with the fulness requisite even to such an elucidation of them as might be presented. An effort like this would compel me to traverse a field of inquiry by far too extensive, as well as too multifarious in its productions, to be compassed and duly explored within the limits to which I must confine myself. My purpose is to attempt a free examination of only one of the most important of them; and on that I shall enter, after a few further preparatory remarks.

Febrile miasms are of two kinds, contagious and infectious. The *contagious* are the product of living matter. They are generated by morbid secretory action, in some part of the human system, when laboring under disease. A contagious miasin, which may be called febrile, is also secreted by the salivary or mucous glands of the rabid dog. The *infectious* are produced by changes in dead matter, presumed to be of a chemical character. But the evidence to this effect is only presumptive. It is not known by what peculiar action nature forms

those infections; nor are they the offspring of any process that the chemist can institute. In no laboratory but that of nature, have they yet been generated. All that can be safely asserted of their origin is, that they are the result of some mutation in dead matter, produced, most probably, by the united influence of the two processes of decomposition and re-composition.

I have said that contagious miasms are generated by morbid secretory action in living matter. But they are not always thus generated. They sometimes derive their origin from dead matter, and then attacking the human system, propagate their kind by the peculiar action which they there induce. This is the case with the miasm of smallpox, when that malady prevails as an epidemic, as it lately did at Philadelphia, and other parts of the United States. Under these circumstances it becomes an atmospherical disease, and often attacks individuals who have not been exposed to contagion from the sick; who have not even been in the neighborhood of those affected by it, nor near to any other local source of the complaint. As the atmosphere itself is contaminated, it cannot be imagined that the poison which loads it is the product of secretion. Whence it comes we know not; but we must not, on that account, refer it to an inadequate source. The cause of epidemic smallpox, moreover, is as well known to us as that of any other epidemic. We are ignorant of the origin of every complaint of the kind; but we know something of their laws and peculiarities, as distinguished from other diseases, and can usefully avail ourselves of this knowledge in practice.

When smallpox prevails epide-

mically, it is more malignant and fatal than when it depends, for its propagation, on secreted contagion alone; and it often attacks those who have suffered from it before. The reason of this is obvious. The constitution of the atmosphere, subduing and modifying the human constitution, predisposes to the complaint; and the secreted virus produces it by acting on the system in this weakened condition. It is thus that during the prevalence of a pestilential constitution of the atmosphere, miasm from local sources generates disease much more readily, and gives to it more malignity, than at any other time.

It may be said to constitute a part of our creed in medicine, that smallpox was introduced into Europe by the soldiers of the Cross, on their return from Palestine. The opinion may possibly be true, but it is deficient in proof. It resembles that which derives lues venerea from the continent of America, and is probably no better founded. There is reason to suspect that both hypotheses are the result of that principle of our nature which induces us to refer new diseases to remote sources, and to vindicate our country, as well as ourselves, from the imputation of producing an evil of any kind. From this principle arose, among the physicians of the United States, the late and long-continued controversy respecting the origin of yellow fever.

Its whole history would seem to proclaim that when smallpox first occurred in Europe, it spread as an epidemic. On secreted contagion alone its propagation does not appear to have depended. Its progress was by far too rapid for that, and the sphere of its preva-

lence, in a given time, too extensive. It passed from city to city, and from country to country, like a general pestilence, carried by the atmosphere; not like an insulated disease, propagated, by a secreted poison, from the sick to the well. Nor did the Crusaders first open the intercourse between Europe and Asia. By means of commerce, it had been open for ages. Why, then, had not smallpox been previously introduced? Had its introduction depended on the importation of contagion alone, it ought to have been effected at an earlier period. But a suitable constitution of the atmosphere was wanting. That having occurred in sufficient strength, contagion was not necessary; not necessary, I mean, to the mere commencement of the complaint; although it would subsequently contribute to its progress and perpetuation. From whence, it might be asked, did Asia derive smallpox? Or is there anything, in that quarter of the globe, to generate it, more than in Europe? No pathologist will hazard his reputation by giving to this latter question an affirmative reply. To the former we know the Asiatics replied, that the disease was a production of the interior of Africa. And to what source did the Africans attribute it? To this interrogatory no satisfactory answer can be rendered, for want of an acquaintance with the speculations and dogmas of those sable philosophers. We must not be surprised, however, at being shortly informed, by one of the numerous travellers in Africa, that the wise men of that continent import the complaint from some fabled region still further to the south. In fact, the search, by physicians and others,

after the origin of smallpox, is as fruitless as that of the poet after the north :—

“ Ask, where's the north ? At York, 'tis
on the Tweed ;
In Scotland, at the Orcades ; and there,
At Greenland, Zembla, or the Lord knows
where.”

All things considered, it is highly probable that, instead of being related to each other as cause and effect, the wars of the Cross, and the first visitation of Europe by the smallpox, were related only as contemporary events, each being in a different line of causation. This probability is the stronger from the consideration that the disease had not existed in Asia very long before the period of the Crusades. Having been produced there, by a favorable constitution of the atmosphere, that constitution required some time to travel westward, cross the Hellespont, and carry the complaint along with it into Europe.

Were the present a suitable occasion to enter on the discussion, it might be made to appear highly probable, if not certain, that the primitive origin of all contagious poisons must be referred to changes in dead matter. There would seem indeed to be no other source to which it can be referred. Such poisons must have had an existence before they could, by attacking the system of man, or any other animal, have reproduced their kind. And that existence must have been originally derived from some change in dead matter.

To the class of contagious miasms productive of fever belong those of smallpox and cowpox certainly, and *possibly* that of measles. I have used the word *pos-*

sibly because I am far from being convinced that measles are contagious. On the contrary, the arguments that may be adduced against such a belief appear to preponderate. I am aware that the charge of heterodoxy will be almost universally preferred against this sentiment. But such accusations never move me. To make the worst of it, heterodoxy means nothing more than a difference in opinion from the majority. And although the customs and constitutions of our country authorize us to settle, by numbers, all matters of a political nature, I know of no such authority as relates to science. Besides, I have not forgotten the time when the charge of heresy was loudly and angrily urged against all who denied the contagion of yellow fever. Yet there is scarcely now, in the United States, a physician of any eminence who believes in it. I repeat, then, that, for reasons which might be easily and abundantly produced were the occasion an expedient one, I am inclined to deny the contagion of measles.

On the contagious nature of chickenpox I decline giving an opinion. As far as my knowledge extends, authentic facts are wanting to support one. But, that that disease always begins and spreads by a secreted contagion, cannot be maintained. That it generally, if not always, commences from an infectious influence, and is thus also communicated, in most instances, to those who have had no intercourse with the sick, is a position which will not, I think, be controverted. It rests on facts that are innumerable, and as well established as any connected with medical science.

To infectious miasms belong

those of influenza, scarlatina, peripneumonia typhoides, pestis vera, and the entire family of bilious affections, from yellow fever to the mildest intermittent. The *ephemera sudatoria* of England was also infectious, not contagious. Of dengue the same may be affirmed.

Nor does the catalogue of infectious miasms terminate here. All endemic and epidemic diseases arise from poisons of this description; all, I mean, except smallpox, which, although generally propagated by contagion alone, appears at times, as already represented, in an epidemic form. But, that I may, throughout this discussion, be the more clearly and certainly understood, I perceive the necessity of giving, before proceeding further, definitions of a few terms which I shall occasionally employ.

An endemic is a complaint of limited extent, arising from causes connected with localities. In some instances it is connected also, more or less, with season. Thus goitre and cretinism are the perennial products of deep and unsunned valleys; while intermitting fever is the annual growth of low and level alluvial situations.

An epidemic is a disease whose range may be unlimited. It is the product of causes that have no necessary connection with either time or place, and prevails, therefore, at all seasons and in all situations. Of this description are influenza, measles, scarlatina, and peripneumonia typhoides. Although measles and scarlatina are often denominated vernal diseases, they appear and spread at all times of the year.

A constitution is a peculiar con-

dition of the atmosphere, arising from causes concealed from the senses, but manifest in their effects, and producing complaints of a peculiar character. Thus one constitution gives rise to influenza, another to scarlatina, a third to intermittents, and a fourth to yellow fever. And during any given constitution, especially if it be strong, no febrile disease can prevail except that which is congenial to it. Hence no two endemics or epidemics can coexist in the same place. As well might two portions of matter occupy at once the same point of space.

Endemic and epidemic constitutions of the atmosphere, then, are the product of infectious miasms. I repeat, therefore, that all febrile affections capable of assuming an endemic or epidemic form, must be regarded as infectious. This is as true of epidemic pleurisy, peripneumony, and catarrhal fever, which occasionally succeed autumnal remittents and yellow fever, as it is of those complaints themselves.

It is on this principle alone that we can explain satisfactorily the following phenomenon of disease, which uniformly presents itself, but has never, I think, received the consideration it deserves. The febrile complaints of winter are generally supposed to depend on the sensible qualities of the atmosphere. They are considered as the more immediate productions of its vicissitudes. Hence when the temperature of the weather sinks very suddenly from higher to lower, and disease follows, it is attributed merely to the taking of cold. Yet, under sensible qualities and vicissitudes precisely alike, very dissimilar diseases occur. One change of

weather takes place, and an epidemic pleurisy or peripneumony appears. At another time a change, in all respects similar, gives rise to an epidemic rheumatism or catarrh. A third, of the same kind, renders cynanche inflammatoria epidemic; and a fourth produces affections of the eyes. Add to this, that, at other times, vicissitudes, not perceptibly different, generate no diseases at all.

These I say are familiar phenomena, and must have a cause. Nor can that cause be found in the sensible qualities of the atmosphere. When those qualities are alike, the phenomena are widely different from each other; and the reverse. In the insensible qualities, then, which make up its constitution, must the cause be looked for. Nor will the search be in vain. The constitution of the atmosphere is the remote cause, forming the predisposition; and its sensible qualities, especially its vicissitudes, the exciting or immediately productive cause of the complaint. One constitution predisposes to peripneumony, another to catarrh, a third to rheumatism, and a fourth to ophthalmia, while the same change from heat to cold, or from dryness to humidity, is the common exciting cause of the whole. If there exist no general predisposition to disease, the change, except to valetudinarians, will be harmless. So true is it, that, were it not for the existence and operation of peculiar atmospherical constitutions, neither endemics nor epidemics could ever prevail. Such appears to be the true explanation of the phenomenon in question. Viewed in any other point of light it seems a paradox.

Shall I be told that, by this mode of solution, I push the doctrine of atmospherical constitutions to an unauthorised extent, and, instead of a reality, present to the imagination a philosophical phantom? I cannot admit the correctness of the charge. For a peculiar effect I only look for a peculiar cause; and the whole economy of nature not only justifies me in this course, but counsels me to pursue it. A fundamental principle, without which reasoning would be conjecture and inductive philosophy but a name, is, that, under similar circumstances, similar causes produce similar effects. Of course, the converse of this must be equally true. To produce dissimilar effects, similar causes must be under dissimilar circumstances. But it has been shown that similar states and mutations of the weather give rise to dissimilar complaints. The inference, therefore, is plain. The circumstances under whose influence the mutations operate must be different. But it is alone in a secret constitution of the atmosphere, made up of its insensible qualities, that these circumstances can consist. Imagination can refer them to no other source.

Analogy is favorable to this mode of reasoning; and we sanction it by our daily practices. Different febrile diseases, of very strong and striking characters, we never hesitate to derive from different constitutions of the atmosphere. So urgent is our propensity to this effect, that we may call it an instinct. To no other source do we think, for a moment, of ascribing pestilence, yellow fever, influenza, or epidemic measles. And wherefore do we have

recourse to this mode of accounting for them? The answer is obvious. We are forbidden, by every consideration that bears on the subject, to ascribe them to the sensible qualities of the air. No tangible cause of any kind presents itself. Hence by a principle of reason, which we cannot resist, we refer them to a cause that is itself hidden from us, and whose effects alone we are permitted to see. We thus reason, I say, from a feeling of instinct, which we can no more extinguish than we can eradicate our propensities to eat, drink, love, or indulge in any other enjoyment. Nor is the impulse of the latter more irresistible than that of the former. The process of reasoning is as much the result of a necessity of our nature, as any other that belongs to us. Besides, it is the only means by which we pursue our march from the known to the unknown; that we "look through nature up to nature's God." Extinguish in us this principle, and our gaze on nature will be vacant and unmeaning. We shall wonder, but not reason; admire, perhaps, but not philosophize. We shall neither "see God in clouds, nor hear him in the wind." An acquaintance with mere objects of sense will constitute the entire amount of our knowledge.

I have alleged that we ascribe to corresponding constitutions of the atmosphere, as their native sources, yellow fever, plague, and influenza, because they are striking and impressive complaints, and therefore awaken much attention. But are epidemic rheumatism, pleurisy, and ophthalmia, less real, merely because they are less violent and

more common, and excite comparatively but little attention? Or are they, as effects, less essentially connected with appropriate causes? No one will reply to these questions affirmatively. In etiology great effects have no superiority over small ones, except merely as effects. Of whatever magnitude they may be, they are all the product alike of specific causes: great effects, of powerful causes; smaller ones, of those that are weaker. The principle being thus established, the issue contended for is conceded. If it is admitted that powerful epidemics are rightfully attributed to hidden constitutions of the atmosphere, because its sensible qualities are inadequate to their production, a similar concession will not be withheld, as relates to other epidemics, for no other reason but because they are weaker. As respects their origin, justice requires that the strong and the feeble be treated alike. It is thus that nature treats them. We have the sanction of reason, then, in ascribing to some infectious miasm, in the atmosphere, every fever that assumes an endemic or an epidemic form. Nor do I know of any other source to which they can be referred.

I am indeed aware, that certain epidemics are attributed, by medical writers, to what they call an "influence" or "a state" of the atmosphere, independently of the presence of a material poison. But on me such an effort at explanation is lost, because it is unintelligible to me. In general philosophy, I know nothing of properties except as they belong to substance; nor, in medical science, can I recognise any "influence" except as the result of

something material. If in its "state" and "influence" the atmosphere is different at one time from what it is at another, the cause is to be found in material agency. Is it warmer?—it has more caloric. Is it less transparent?—it contains more smoke, exhalation, or dust. More humid?—it is loaded with a greater amount of moisture. Does it produce remittents, yellow fever, or oriental pestilence?—it is adulterated by some kind of febrile miasm. Does it give rise to influenza, scarlatina, or whooping cough?—it is contaminated by miasm of another description. Is it productive of epidemic pleurisy, rheumatism, or ophthalmia?—the effect must be attributed to a similar cause,—the presence and operation of a febrile miasm. No reason can be assigned why such a poison may not throw inflammation on the pleura, muscles, joints, and eyes, as readily as on the stomach, intestines, or skin.

Shall I be told that all this is nothing but speculation, and needs proof, before it can be recognised as genuine science? I acknowledge that it is not mathematical demonstration, nor is it offered as truth that must not be questioned; but I contend that it rests on the same basis with other opinions which are received as true. A belief in the existence of atmospheric miasms, and their influence in producing all endemic and epidemic fevers, stands on precisely the same footing. The opinion ascribing intermitting fever to such a poison, is no better supported than that which refers to a similar source epidemic pleurisy, ophthalmia, or rheumatism. In each case the march of inquiry is from the known to

the unknown, from visible effects to an invisible cause; and the induction is as fair in one instance as in the other.

I am prepared to apprehend that my opinion respecting the formation of atmospherical constitutions will be deemed heterodox. It will not, I suspect, be immediately conceded, that, for the production of every different constitution, a different infectious miasm is requisite. And yet I perceive no other view of the subject which is either rational or intelligible. No other indeed occurs to me which is even plausible. Influenza, scarlatina, measles, and peripneumonia typhoides, are all specifically different from each other, and, as epidemical diseases, have their origin in the atmosphere. From the atmosphere, therefore, in different conditions, they must be derived. That they cannot spring from the same condition of it, appears from the fact that they never coexist in the same place: but that those different conditions can arise from any other cause than the presence of different miasms, would seem impossible.

I know not how it can be reasonably doubted, that, for the production of influenza, it is requisite that one kind of febrile miasm should take possession of the atmosphere; for the production of measles, another; for that of peripneumonia typhoides, a third; and, for that of epidemic pleurisy and rheumatism, a fourth and a fifth. And the same appears to be essential to the production of every other complaint that can assume an endemic or an epidemic form.

Will it be alleged, in opposition to the views I have submitted,

that the different effects alluded to may arise from different proportions and combinations of the common elements of the atmosphere? I answer, that facts do not countenance such an allegation. Experiments show, that, as far as its "common elements" are concerned, there is no difference between an epidemic atmosphere and a healthy one. Besides, admit the hypothesis, and my views are not impugned by it. The unusual combination thus formed, will be the epidemical miasm, for whose existence I am contending.

I am aware that some pathologists attribute the different endemics and epidemics to differences, at the times of their prevalence, in the constitutional predispositions of those whom they attack. The inhabitants of a community or place, say they, sustain attacks of intermitting, yellow, typhous, or scarlet fever, according as they are predisposed to one or the other: and this they call an explanation. But they misname it: it explains nothing: it announces a truism known to every one, and goes no further. That the different predispositions referred to exist, cannot be doubted. Without them the diseases could not have being; for it is an axiom in pathology, that all attacks of different epidemics and endemics are necessarily preceded by corresponding predispositions. But it is those predispositions, in an especial manner, that testify to the existence and influence of the atmospherical constitutions for which I am contending. Of that influence they are themselves the immediate effects. The constitutions do not, by their own direct operation,

produce disease. They only predispose to it. For its actual production an exciting cause is necessary; and this cause is often found in the vicissitudes of the atmosphere. Hence, as already stated, similar vicissitudes prove productive of dissimilar complaints, in consequence of the existence of dissimilar predispositions. Further exciting causes are, improprieties in diet and drink, excessive indulgence in other animal gratifications, exhausting fatigue, severe exposure, inordinate watching and paroxysms of grief, fear, resentment, and other passions.

A predisposition to disease, induced by a febrile miasm, is like a predisposition inherited from unsound ancestors. It is not the disease that is inherited. The descendant is not always positively sick. His inheritance is only a predisposition or tendency to sickness, for the real production of which the action of an exciting cause is necessary. In like manner, an atmospherical constitution does not, I say, generate actual disease. It only begets a predisposition, which is converted into disease by the requisite excitement.

There is yet another point respecting which my opinion will be deemed by many unfounded. It is, whether measles, scarlatina, and hooping cough, are contagious complaints? The contagion of the two latter I have positively denied, and have done virtually the same as relates to the former. The following are some of the facts by which I consider my opinion sustained:—

1. In commencing their epidemic career, those diseases uniformly attack individuals who

have not been exposed to sources of contagion. They begin thus in interior situations, where they have not been previously for many years ; and in the United States, they often, in this way, make their appearance in new settlements, where they have never been before.

2. They do not attack a single individual, nor even a single family, and spread from thence, in regular and gradual progression, from the sick to the well. They attack at once many individuals, or even the families of a whole village, town, or neighborhood : and their spread is rapid and irregular ; much more so than that of diseases propagated by contagion. Nurses and attendants are not more frequently or certainly attacked than those who shun communion with the affected. They pass over families, and even whole neighborhoods, to attack others at a distance ; and, returning on their path, visit those whom they had previously spared. Nor are persons having casual intercourse with the sick more liable to the complaints than others who have had none.

3. When those diseases are prevailing epidemically, if a case of either of them be conveyed without the epidemic atmosphere, the complaint never spreads, but terminates with the recovery or death of the person thus removed. This is as true of measles as of any other febrile affection. Provided the atmosphere be free from epidemic adulteration, the complaint is no more communicable than gout or rheumatism. Such, at least, is the result of the reiterated observation of the writer of this paper.

4. The diseases under consi-

deration cannot be propagated by inoculation ; nor can the contagionists designate the tissue by which the miasm is secreted. Hence the well known discrepancy of their opinions on the subject. Some point to the lungs as the secreting organ, asserting that contagion is conveyed by the breath. Others declare the liver to be the source of mischief, and the bile, of course, to be impregnated with the miasm. A third class pronounce contagion to be secreted by the stomach ; a fourth by the intestines, especially the rectum ; a fifth by the skin ; and a sixth by the fauces and salivary glands. And that he might certainly include the part offending, the late Dr. Good contended that contagion is produced by every secreting organ of the body. This warfare of opinion speaks but one language ; and that may be easily and briefly interpreted. The disputants are ignorant of the subject of controversy. Such indeed is the true interpretation, as respects every disputed case where a number of individuals, equal in talents and attainments, and who have paid the same degree of attention to the point at issue, maintain each a different opinion.

5. Those diseases cannot, as already intimated, coexist in the same place ; nor, while either of them prevails, does it permit, within its sphere, the existence of any other febrile complaint. Or, if it does not extinguish other forms of fever, it assimilates them to itself. In the language of a popular writer, it "compels them to wear its livery," and "do homage to it as the sovereign of the day."

Of these facts the explanation is obvious. The complaints in

question are epidemic. They have exclusive possession of the atmosphere, by means of their miasms. No predispositions, except to themselves, can be created, and, of course, no febrile diseases but themselves, or such as are closely assimilated to them, can occur. But contagious diseases, merely as such, never take possession of the whole atmosphere. They are confined to the personal atmospheres of those affected by them; or, at furthest, to the atmospheres of sick rooms and infirmaries. Hence they prevail in the same place, and at the same time, with other febrile affections. It is only when a peculiar atmospheric constitution is formed, by some kind of infectious miasm, that but one description of fever can prevail.

6. They begin and end somewhat abruptly, are rapid in their march, as already mentioned, and their duration, which is in some degree definite, is rarely protracted. Of contagious infections the reverse of this is true. Their beginning and termination are much more gradual, their progress slower, and their duration, always indefinite, is at times very long. It may be added that in most, if not in all, truly contagious diseases, the contagion-secreting tissues can be distinctly designated. But in the complaints which I am considering, no such tissues can be shown.

Such are a few of the reasons of my disbelief in the contagious nature of these diseases. Further arguments to the same effect might be adduced; but they are deemed unnecessary. If the foregoing are fallacious, and can be refuted, others no stronger would not be likely to have a better effect.

I know it is very generally contended that measles, scarlatina, hooping cough, and a few other complaints, are necessarily contagious, because the human system is liable to be attacked by them but once. The hypothesis cannot be maintained on this ground. The reason rendered in favor of it has no weight. Were I to inquire of its advocates what necessary connexion there is between a secreted poison and a liability to be but once attacked by it? their only true and rational answer must be, "we do not know." Fact, then, does not sustain them; nor does even analogy. Sundry secreted poisons are known to attack the human system more than once. There is, however, in almost every poison, whether secreted or not, a tendency to weaken, if not to extinguish susceptibility, as relates to itself. This is the only ground on which the process of acclimation can take place. Without it, the requisite change in the human constitution could not be produced. Hence the liability to disease would remain. The hypothesis, then, against which I am contending, is an error which, resulting from a superficial examination of things, time has sanctioned, but which observation and reason unite to overthrow.

Of the origin of the several miasms which have been noticed, I have not spoken; nor need the ground of my silence on the subject be concealed. I can say nothing respecting it satisfactory to myself, or which I could expect to be deemed satisfactory by others. I am indeed ignorant of their origin. From what source, or by what means, the atmosphere becomes impregnated, at different times, with the miasms of influ-

enza, measles, scarlatina, whooping cough, peripneumonia typhoides, and epidemic pleurisy, rheumatism and ophthalmia, physicians may conjecture, but cannot discover, in the present state of medical science. And as I have no wish to add to the number of existing hypotheses, I shall not hazard an opinion on the subject.

But there remains a miasm more interesting and important to us than all the others, at whose existence and action I have hinted. Of this our knowledge is supposed, at least, to be somewhat more extensive and accurate. I allude to the miasm of marshes, to whose influence is attributed every modification of autumnal fever. Nor is its action limited to the complaints of autumn. Throughout the year it is busy, in some climates ; and even in our own, we feel its effects in spring and summer. Nor are we free, in winter, from its lingering action on those who had suffered from its influence during the preceding autumn. Thus does it run perpetually its circle of mischief. I proceed now to the consideration of this poison, and purpose to speak of it somewhat in detail.

Of all febrile miasms, that of marshes is the most ancient, universal, and destructive. In these respects it has no rival. If, once in a term of several years, the miasms of smallpox, measles, influenza, and scarlatina, overrun tracts of country of considerable extent, that of marshes exhibits its effects in every populated country of the globe, during a portion at least of every year. All other miasms appear, from their history, to be comparatively of modern date. The ancients

had no knowledge of them ; or if they had, they have failed to leave a record of it. But the existence of marsh miasm is coeval with that of the human race. If the views entertained of its origin be correct, its commencement must have been contemporaneous with the first decay and dissolution of animals and vegetables. According to the present system of physical influences, its production seems to be as necessary, and as much in harmony with the laws of nature, as the descent of ponderous bodies, or the growth of plants. Since the first establishment, then, of the present order of things, it must have existed and produced its effects.

In our most ancient writings, those effects, if not expressly recorded, are virtually alluded to. The plagues of Egypt were as much the offspring of the miasm of the Nile, in the days of Pharaoh and Busiris, as they are at present. Since the subsidence of the first inundation of that river, its banks must have been a hot-bed of this febrile poison. Wherever, in the habitations of Israel, or among the nations around them, the pestilence "walked in darkness," the same virus was present.

The pestilence which desolated the Grecian camp, on the plain of Troy, is ascribed by the poet to the resentment of Apollo ; but the philosopher derives it from the miasmatic exhalations of the Simois and the Scamander.

The description of the plague of Athens, by Thucydides, is a vivid and memorable record of the same miasm. So are nearly all the writings of Hippocrates ; for almost every case he has described appears to have been the product of that poison. So

is every pestilence that has depopulated cities and countries, whether in Europe, Asia, or Africa, in modern times, as well as every occurrence of yellow fever on the continent of America and in the adjacent islands. All these, I say, are the offspring of the miasm of marshes.

Nor do they constitute the entire amount of the mischief it produces. It is the source of all the intermittents, remittents, common bilious fevers, choleras, and most of the diarrhœas and dysenteries, that destroy such myriads of the human race. It produces also bilious colic, jaundice, hepatitis, and other affections of the liver, inflammation and enlargement of the spleen, dropsy, elephantiasis, and several other chronic complaints. Some of the latter of these are the sequelæ, rather than the immediate effects of its action.

Such are the physical evils produced by this ancient, powerful, and universal poison. When to these are added its moral effects, the distress of relatives and friends on account of the sufferings and uncertain fate of the sick, the affliction of the living for the loss of the dead, the desertion of cities during the prevalence and desolation of plague and yellow fever in them, the restraints imposed on commerce by quarantine establishments, and the injury to business and loss of property, with the consequent ruin and want, which such events and measures produce,—when the entire result is thus summed up, the aggregate of the evil and misery is appalling. But to the influence, direct and indirect, of the miasm of marshes, must the whole be ascribed. A correct

knowledge of that poison, then, in its origin, relations, and laws, but more especially a knowledge of its nature, could that be attained, is important to some of the weightiest regulations of civil society, and to the health and welfare of the human race. A desire to aid, however feebly, in the promotion of such knowledge, is my leading object in preparing this memoir.

Notwithstanding the immemorial existence and ravages of marsh miasm, it is not yet a century and a half since the attention of physicians was first particularly directed to it, as an object of inquiry. Previously to that time its very being does not appear to have been thought of, and of course it had not yet received a name. Its devastations were gazed on with feelings of sacred horror and superstitious awe, as if they were the visitations of an offended Deity; and to that source, or the physical influence of the heavenly bodies, were they generally attributed. But as the shadows of the dark ages passed away, and observation and rational induction took the place of mere abstraction and hypothesis, the light of truth began to shine on medicine, as well as on other branches of science. Directed by this, Lancisi, an Italian physician of great distinction, was the first to suspect the existence of marsh miasm, to make it a subject of serious investigation, and to bestow on it the name which it still retains. He was born in the year 1654, filled for thirteen years the chair of Anatomy in the college of Sapientia, was then appointed Archiater to Pope Clement XI. and resided afterwards in Rome.

The summer and autumnal diseases of the Campagna di Roma,

and the Pontine marshes, once the seat of health, and the country residence of much of the wealth and fashion of the imperial city, had been long the terror and scourge of that part of Italy. Lancisi, with a peculiar aptitude for original observation, but delighting chiefly in the study of etiology, could not remain content with mere efforts to cure those formidable complaints. That was to act only the part of a common practitioner. But his aim was higher. He aspired to the achievements and rank of a philosopher and discoverer. Nor was he disappointed in his ambition. After a profound investigation of the subject, he ascertained, to his satisfaction, that the diseases were the offspring of an aerial poison, produced by the dissolution of dead organic substances. And as that process was most active and abundant in marshy places, he denominated the virus thus generated "*paludum effluviū*," marsh exhalation. In his "*Dissertatio de Noxiis Paludum Effluviis*," a work rich in matter, and otherwise of great excellence, he promulgated his discovery, and expounded his doctrine, with a full detail of the facts that support it. This was about the close of the seventeenth century, a period not much distinguished by the true spirit of philosophy.

For a time Lancisi shared the usual fate of original discoverers and independent thinkers. He was opposed and traduced by envious contemporaries and selfish competitors, ridiculed by punsters and affected wittlings, and denounced by fanatics. By the first class he was called an "impostor" and a "speculator," and by the second a "misty" and "vaporous" phi-

losopher; while the third declared him an "enemy to the faith," because he dared to attribute to an earthly agent, complaints which they derived from Heaven as a righteous judgment on the ungodliness of the land. But by the clearness and force of his writings, aided by the weight of his character, he triumphed over opposition, and his views of marsh miasm, received as authentic, became the settled doctrine of the medical world. If an opponent of it occasionally appeared, his influence was limited, and his hypothesis never outlived himself.

True, even at the present day, there are some who disbelieve in the existence of the poison, attributing autumnal and other fevers to the action of the sensible qualities of the atmosphere, especially to vicissitudes in its temperature and moisture. But their opinion is untenable. A solitary but well known fact completely subverts it.

When the yellow or any other form of bilious fever prevails in a seaport town, or on the coast of navigable water, mariners, who go on shore, are peculiarly liable to it. But, provided they never visit the shore, but remain constantly on board of a ship lying at anchor, only a cable's length from land, they retain their health. This fact is notorious, and easily explained. The febrile miasm from the shore does not reach them. To any difference in the sensible qualities of the atmosphere the phenomenon cannot be attributed. No appreciable difference exists. These qualities are precisely the same on shore and six or seven hundred feet distant from it. The presence of the poison in the former situation,

and its absence from the latter, constitute between them the only difference, to which, in solving the phenomenon, reason can attach the slightest weight.

Again ; yellow fever is not unfrequently arrested in its progress by the intervention of a single street. The inhabitants on one side of the street suffer from it, while those on the other escape. But the sensible qualities of the atmosphere are on both sides alike. The only difference consists in the presence of febrile miasm on one side, and its absence from the other.

Besides, how, by the sensible qualities of the atmosphere, can dissenters explain the existence of influenza, scarlatina, peripneumonia typhoides, and other epidemics ? To something else than mere heat, moisture, and vicissitudes in the atmosphere, these diseases must be attributed. They cannot spring from the same causes with intermittents and remittents, any more than apples and oranges can be the native productions of the same tree. They must be acknowledged to be the offspring of deleterious miasms. But if, as relates to them, this concession is necessary and admissible, it is not less so as respects the various forms of bilious fever.

Further. In any tract of country, whose climate is variable, an extensive marsh or morass exists. A summer drought prevails, and its waters are much diminished by evaporation, leaving a large portion of its bottom nearly dry. The consequence is, the generation of marsh miasm, and the prevalence of fever. During the succeeding summer the temperature of the weather is equally

high, and its vicissitudes equally numerous and great ; but rain falls in abundance, and the morass is flooded. The issue is, the existence of general health. To what is this difference in phenomena to be attributed ? Not to any difference in temperature and vicissitudes. In both seasons they are alike. And, in the latter, moisture, to whose influence some pathologists ascribe fever, is much more abundant than during the former. To the presence of marsh miasm alone is disease to be attributed during the first season, and to its absence the prevalence of health during the last. Add to this, that in no place does autumnal fever appear, as an endemic, in which the source of its poison may not, by careful inspection, be discovered. Those, therefore, who deny the presence and influence of this miasm in the production of fever, attribute the disease to causes that are inadequate. Mere moisture, and vicissitudes in the temperature of the atmosphere, cannot produce it. Were this the case, no small island could be free from it ; nor could a ship's crew, in tropical climates, or during the summer in any climate, ever navigate the ocean in health. A marine atmosphere is necessarily humid ; and the vicissitudes in its temperature are frequent, and sometimes great. Yet, in a clean ship, mariners are always healthy at sea ; and some small islands, whose atmosphere is entirely marine, are among the most salubrious spots on earth. Autumnal fever, then, is certainly the product of an ærial poison.

But although the existence of this miasm is considered certain, nothing is known of its peculiar

nature. On this point all is darkness, or, at best, conjecture. On the atmospheres of marshes, cities, and other places, where autumnal fevers prevailed epidemically, many experiments have been carefully made. But they were made in vain. No lurking poison was detected. By the test of the best eudiometers, used by the most skilful and dextrous experimenters, no difference in purity is discovered between the air of the ocean and the land, the mountain and the valley, the city and the country, the healthy champaign and the sickly morass.

But it is not to be hence inferred that no difference exists. The contrary is unquestionably true. A difference does exist, as results demonstrate ; but it has not been ascertained wherein it consists. The reason is obvious. The means employed are unsuitable. They are calculated to ascertain what proportion of oxygen the atmosphere contains, but nothing more. No test for the aerial poison has been yet discovered. Hence, even in the atmosphere of the wards of a smallpox infirmary, which persons unprotected by vaccination, or otherwise, could not enter without the hazard of an attack amounting almost to certainty, no variolous miasm can be detected. There is reason to believe that metallic substances can be converted into vapor, and thrown into the atmosphere, in such a condition as to escape detection by any experiment that can be instituted for the purpose. So little do we know of the real composition of the air that we breathe.

But in lieu of *discovery*, as relates to the nature of marsh miasm, *conjecture* has been prolific.

The imagination of Ovid never teemed with such a brood of metamorphoses ; nor was the offspring more incongruous and monstrous. One hypothesis identifies the poison of autumnal fever with nitrogen, another with oxygen, a third with carbonic acid gas, a fourth with carbonic oxid, a fifth with nitrous oxid, a sixth with hydrogen, a seventh with carburated hydrogen, an eighth with sulphurated or phosphorated hydrogen, and others with other aerial substances, until the resources of hypothesis have been fairly exhausted. So vague and limited, I say, is our knowledge of what the atmosphere really contains, notwithstanding the confident tone in which chemists speak and write on the subject.

Inasmuch, then, as we are ignorant of the nature of marsh miasm, what is the amount of our knowledge in relation to it ? In particular, what answer can be rendered to the following "Boylston Medical Prize Question," proposed by the corporation of Harvard College, for the year 1830 ?

"Whether Fever is produced by the decomposition of animal or vegetable substances ; and if by both, their comparative influence ?"

To reply to this question fully and conclusively, may be pronounced impossible. The present condition of etiology does not admit of a result so definite. In a matter of such interest to science and humanity, our knowledge of the difference between the products of the decomposition of animal and vegetable substances, is too limited to be confidently relied on. There is, indeed, reason to believe, that, in many cases, the difference, if any exist, is ex-

ceedingly slight ; so slight as to be, for any practical purpose, wholly inappreciable.

Of a large proportion of the lower orders of animals, especially of such as inhabit the water and burrow in the ground, the component parts are almost identical with those of vegetables. With those of some vegetables their identity may be pronounced complete ; at least so far as analysis has been carried. The difference, in this respect, between vegetables and the entire verminous and insect tribes, is very inconsiderable. It is not credible, therefore, that the difference can be great between their products, in any chemical changes they may sustain. But it is chiefly the lower orders of animals here referred to, that die and are decomposed, in great abundance, during the summer and autumn. It is but rarely that those of higher standing perish and putrefy in sufficient abundance to do much mischief. Except on the field of battle, in besieged towns where famine and pestilence already prevail, and in ancient cemeteries, such an event is perhaps unknown. Although injury may be done by the dissolution of smaller quantities of such matter, its sphere is limited. It is with a reference to the death and decomposition of the lower orders of animals, then, much more than of the higher, that a reply must be prepared to the Boylston question.

It will be perceived that, in making these remarks, I consider the question as relating exclusively to the fevers of summer and autumn, denominated bilious ; and not to typhous fever. Of the causes of this latter complaint my views are different. When it

occurs in jails, hospitals, ships, and other crowded, foul, and unventilated places, its origin appears to be purely animal ; and the matter producing it is that which is exhaled from the human body, converted into a poison by chemical agency. It must consist chiefly of the perspirable matter, that which issues in vapor from the lungs, and possibly of the exhalations from alvine discharges. When suffered to accumulate in a confined and stagnant atmosphere, the temperature of which is sufficiently high, these matters pass into a poison of great virulence. But it is not contagious. It cannot, I mean, by the morbid action it excites, generate its own likeness. When first secreted it is innocent, but becomes deleterious, by a chemical process which it undergoes, after its elimination from the system. But this process does not appear to be genuine putrefaction. It would rather seem to be a mode of change *sui generis*, of whose nature we have no knowledge. Nor do we know anything of the poison it produces, except from its effects. Toward the close of this memoir I shall make it the subject of a few further remarks.

In reply to the question proposed by Harvard, I have no hesitation in expressing my belief that marsh miasm, the remote cause of bilious fever, is the product chiefly of vegetable matter, in the process of decomposition, but not, I apprehend, of real putrefaction. The poison exists where no signs of putrefaction appear. Hence, by an indiscriminate and indefinite use of that term, obscurity has been thrown on the subject, and obstacles to the ascertainment of truth created.

I have alleged that the miasm of bilious fever is produced chiefly by the decomposition of vegetable matter. But perhaps it is not thus exclusively produced. The decomposition of the lower orders of animals, that perish during the summer and autumn, acts probably as an auxiliary source. It cannot, however, I think, be a very fruitful one, on account of the comparatively small quantity of matter concerned in it. It cannot be doubted that the vegetable matter annually decomposed amounts to many thousand times its bulk. And as its composition is nearly the same, the quantity of miasm it produces must bear to that produced by the animal matter a similar proportion.

When, by excessive falls of rain, the erection of milldams, the obstruction of water courses for the purposes of manufactures or navigation, or by any other cause, considerable tracts of land are flooded, the consequence is the destruction and decay of large quantities of vegetable matter. We know this to be true, because we see the vegetables passing into dissolution in great abundance. But, as respects the death and dissolution of animals, the case is different. Of them but few are ever seen by us. Nor are we authorized to fancy them where we do not find them.

But under the circumstances here represented, miasm is generated and fevers prevail. Nor, in the places designated, does the poison appear except under the circumstances just specified. As respects its origin, therefore, the inference seems plain. It is the product chiefly of vegetable matter undergoing decomposition. After the vegetables originally

flooded and destroyed have passed into entire decay, and been dissipated in gas, or otherwise carried off, the fever of the place ceases. Hence old millponds are much less deleterious to those who live adjacent to them than new ones. Yet probably the number of worms, insects, and other animals, that annually die about their borders, and suffer decomposition, is as great as previously.

Around the margins of marshes, and in fenny districts, where, in some form, bilious affections annually prevail, decaying vegetable matter abounds. But observation teaches us that the amount of animal substance, in the same condition, is very inconsiderable. The same is true in every district of country where, during summer and autumn, bilious endemics prevail. In all such places, then, it is evident that the febrile miasm is the product of vegetable much more than of animal substances. But of the exact proportion which the two kinds of matter bear to each other, no one is privileged to speak; because, I believe, no one has instituted experiments for the solution of the problem. Nor do I perceive in what way experiments to that effect can be instituted, with any prospect of success. In South Carolina the cultivation of the indigo plant formerly, and of the rice plant at present, has been found to be productive of bilious fever. Here, again, as far as observation may avail in ascertaining facts, it is vegetable matter alone that undergoes decomposition, and generates the poison. But I know of no instance on record, nor have I ever witnessed one, where masses of putrefying animal substances have produced, under similar cir-

cumstances, intermitting or remitting fever. If they have been suspected of giving rise to a few individual cases of disease, they have not been the cause of an epidemic or epidemic. It may be received, then, as a principle, that, in the open atmosphere of the country, autumnal fever is the product chiefly of vegetable decomposition.

But how stands the case in large cities, where common bilious fever rises to a higher grade, and yellow fever occasionally prevails? Is the miasm here also the product chiefly of vegetable matter? To answer this question with definiteness is impossible. The filth of a large city consists of such a mixture of animal and vegetable feculence, that the one cannot be distinguished from the other; and, therefore, no inspection can discover, in many cases, which predominates. Might I indulge in mere opinion, however, I would say that, here too, vegetable substances are most abundant. But if we take as our guide the reputed origin of yellow fever, in our large seaport towns, we shall probably find it equally referable to animal and vegetable decomposition. In 1793 the commencement of that disease is believed to have been satisfactorily traced, in the city of Philadelphia, to a cargo of damaged coffee. In 1797, to a cargo of damaged West India fruit. In 1799, to a few cargoes of damaged and highly offensive hides. In 1803 the disease made its appearance, about the same time, in three distinct places, remote from each other. In each place was a large quantity of unsound oysters, to which it was attributed. Their condition rendered them, on ac-

count of their fetor, a serious nuisance to the neighborhood in which they lay; and nothing similar existed, at the time, in any other part of the city. In 1805 the fever was again traced to an immense pile of putrid oysters, in the district of Southwark. The stench alone, that issued from this mass of putridity, produced, in many persons, on approaching it, immediate sickness, by its intolerable offensiveness. The same was true of the putrid hides, in 1799. It is worthy of remark, that in the neighborhoods of these nuisances several dogs and cats sickened and died, of bilious affections, previously to their attack on the human race. To those who have been observant of epidemic diseases, this is known to be a common occurrence. Such complaints are often ushered in by sickness and death among domestic animals, and sometimes among those that run wild in the forest. In 1798 the complaint appeared in Philadelphia, during the same week, in four or five different and distant parts of the city, and was traced, in each, to a mass of putrefying matter, in some instances animal, and in others vegetable. In the summer of 1819 a most malignant fever, which, in Boston, proved destructive to a number of individuals, was clearly traced to a cargo of damaged corn. No one was attacked who had not been in the immediate atmosphere of the vessel that contained this article; and of those who were thus exposed, but few escaped. Nor did the fever cease, in the neighborhood where the vessel lay, until she was removed to a distance from the wharf, scuttled, and sunk.

The writer of this article wit-

nessed once, in Philadelphia, several cases of yellow fever, which seemed fairly referable to a mass of putrid fish. He would here remark, that, as far as his knowledge on the subject extends, the matter of aquatic animals, undergoing the process of decomposition, has been more frequently charged with the production of malignant fever, than that of the higher orders of aerial animals. But, as respects its component parts, the former is more nearly allied to vegetable matter than the latter. Of malignant fever said to be produced by the putrid carcasses of men and horses, on the field of battle, he knows nothing, except from information. He therefore forbears to speak of it. Of most that he has here narrated, he has been himself a witness. Hence he speaks of it with the more confidence.

He is aware that some pathologists deny not only the production of malignant fever, but the practicability of its being produced, by the decomposition of masses of animal matter. To sustain their opinion, they adduce instances in which such nuisances, although sufficiently abundant, did not generate fever. Hence their inference that it cannot do it.

To sound etiologists it is scarcely necessary to observe, that this form of reasoning is not only inconclusive, but exceedingly hazardous. Its character is negative. It virtually contends, that because an event has not occurred under one set of circumstances, it cannot occur under another; that because it has not been produced at one or two particular times, it cannot be produced at all. But it should never be forgotten, that in different states of the atmos-

phere the results of putrefaction are equally different. As well may it be contended that, because a military leader has never lost a battle, he cannot be defeated. It is scarcely necessary to add, that one positive fact overbalances a thousand such negations. This topic will be recurred to hereafter.

To all the foregoing reputed causes of yellow fever objections are presented. It is said that the nuisances which have been specified always exist in large commercial cities; and it is, therefore, asked, "If such are the sources of yellow fever, why does not the complaint prevail every summer, wherever they are found?" The answer is, that the heat is not always sufficiently intense and long-continued; nor does there always exist an auxiliary constitution of the atmosphere. Yellow fever requires for its production, even in sporadic cases, a certain continuance of tropical temperature; and, without a congenial constitution of the atmosphere, it can never, in temperate climates, become epidemic. Were it requisite, facts in confirmation of these two positions could be easily adduced. But they must be familiar to every one competently versed in medical knowledge; especially the knowledge of the diseases of warm climates. The answer, therefore, is deemed satisfactory.

A further objection, however, presents itself. If, at the commencement of yellow fever, the nuisance to which it is attributed be removed, the disease is not eradicated. It not only continues to prevail, in the place of its first appearance, but spreads to distant points, and does not disappear un-

til its extinction by a change of season—the actual passage of the summer and autumnal temperature into that of winter.

The fact, as here stated, is true ; and the problem it presents is difficult of solution. When an epidemic yellow fever has begun its career, in one of our large commercial cities, nothing but a termination of warm weather can arrest it. Local nuisances may be removed, the inhabitants of the city may fly, man may erect all his artificial barriers, currents of water may be made to flow along the gutters, rains may fall and wash the entire streets, and the winds may blow, and change the atmosphere of the place. But all to no purpose. If the temperature of the atmosphere continue high, the epidemic mocks^{at} resistance, until it expires under a regular change of season.

How does this comport with the belief that it derives its origin from a local nuisance ? The question, I repeat, is full of difficulty. I have but one answer to give it, and that does not please me. The local nuisance, whether it be damaged coffee, fruit, oysters, fish, or corn, emits the febrile miasm first, because it is most matured for its production. It contains the greatest amount of the ingredients requisite to form the poison, and those ingredients are in the most suitable condition for the generative process. Hence the miasm goes forth from it, and the disease begins in its immediate neighborhood. As the season advances, the common impurities of the streets, which also consist of animal or vegetable substances, or of a mixture of both, are brought into a similar state of preparation. In them,

therefore, the same process is excited, and the same changes are produced. Hence they send out their poison, and thus aid in continuing and spreading the disease. And as no human means can remove the whole of them; nothing can eradicate the fever or stay its progress. The impurities of the streets, now converted into actual nuisances, cover an indefinite extent of surface, and, by means of decomposition, emit everywhere more or less miasm, until the occurrence of cool weather extinguishes the process. Hence until that period the disease continues, and then disappears ; as the effect always and necessarily ceases with the cause. Some pathologists have alleged that the miasm, first emitted from the original nuisances, may act as a ferment, to excite in other masses of filth the process necessary for its own production ; and that, by its operation, not on the living human body, but on dead matter, it thus contributes to its own continuance. This being only a conjecture, unsupported by fact, I simply allude to it, leaving to time, under the progress of science, to determine its worth.

To the source of yellow fever here referred to, it is further objected that in large cities, those persons who are concerned in slaughter-houses, tan-yards, and soap, candle, and glue factories, where there is much putrid matter, are not more subject to the disease than others who are engaged in cleaner employments.

To this I reply, that I have often visited and examined the places here designated, with a view to the ascertainment of their actual condition. My express

object was to enable myself to determine, on the best evidence the cases afforded, whether they were real nuisances, dangerous to the health of the community.

On these occasions I was never able to discover facts, which, in my own opinion, justified a complaint against the establishments. The odor which issued from them was, indeed, unpleasant; but it was not sickening. The animal matter accumulated in them was neither fresh nor sweet; but it was equally remote from being actually putrid. It manifested nothing of that far-gone decomposition, which I have witnessed in other masses of dead matter, suspected as the sources of febrile miasm. To suffer it to pass into such a condition, would render the article useless. In the factories, therefore, it is subjected to the processes of art to which it is destined, before the damage is so deep as to render it dangerous.

That a slaughter-house might be converted into a nuisance injurious to health, is quite possible. But I repeat that I have never seen one, the condition of which induced me to believe that it was so. I cannot, therefore, consider the objection valid. Some have even pronounced the exhalations from slaughter-houses favorable to health. In this opinion I cannot concur. Neither science nor experience supports it.

But admit that from the establishments here mentioned a gas somewhat deleterious does arise, the mischief done by it might not be great. As is the case with regard to other miasms, those who live in the midst of it become, by degrees, so accustomed to it, that it does them no injury. Thus, acclimated inhabitants are healthy

even in a sickly region, while new comers suffer from the miasm of the place.

Here a question of some interest not unnaturally suggests itself. Is the miasm which produces yellow fever identical with that which produces intermittents and remittents? I answer, that although formed from the same materials, I think it is not. My reasons for this opinion are as follows:—

The two miasms appear and produce their effects under conditions of the atmosphere very different from each other. In the climate of the United States, the miasm of yellow fever requires, for its production, a long continuance of very hot and dry weather; a month or more of tropical heat connected with drought. Under no other state of weather does it seem to be formed. But the miasm of intermittents is generated in an atmosphere cooler and more humid. In the former case the generative process is more intense, in the latter more mild. That the products, therefore, should be different, comports with reason as well as observation. The opinion is strongly supported by analogy,—a source of evidence which, in the absence of positive proof, is worthy of regard.

In other instances, different compounds are formed out of the same elements, according to the strength of the generating process. Thus, under active combustion, phosphorus unites with a larger portion of oxygen, and forms phosphoric acid. Under mild combustion, it unites with less, and the phosphorous acid is the product. But the differences between those two acids, in their strength, affinities, combinations, and general effects, is known to be great.

Of sulphuric and sulphurous acids the same is true. They are formed by processes differing in intensity, and they differ from each other in almost all their attributes. Nitrogen and carbon form also different compounds, according to the quantities of oxygen with which they combine. Of other elementary substances the same may be affirmed. Why not, then, also, of the ingredients, whatever they may be, which enter into the composition of marsh miasm? Of facts opposed to this opinion I have no knowledge; and I repeat that reason and analogy support it. Even in the preparation of malt liquor and wine, the result is different, according to the greater or less intensity of the fermentative process.

But I have yet a stronger and plainer reason for disbelieving in the identity of the miasms of yellow and intermitting fevers. They produce on the human body different effects. No two diseases are more dissimilar than a case of malignant yellow fever and a common tertian intermittent. Measles and scarlatina, gout and rheumatism, colic and enteritis, resemble each other much more strongly. Yet what physician will hazard his reputation by pronouncing them identical?

Yellow fever and an intermittent are not convertible into each other. An intermittent may be changed into a remittent, and the latter into the former, because they are but different grades of the same disease. So, for the same reason, may scarlatina inflammatoria be changed into scarlatina maligna, and typhus mitior into typhus gravior; and the reverse. But I repeat that an intermittent cannot be converted into yellow fever, nor yellow fever into an intermittent,

because they are diseases radically different.

Nor can they ever coexist in the same place. From the sphere within which yellow fever prevails, intermittents are banished, in common with every other febrile affection. But did they, as some contend, arise from the same miasm, differing only in concentration and strength, this would not be the case. The poison, near to its chief source, where its concentration and strength are greatest, would produce real yellow fever; at a given distance from that point, being more diluted and weaker, its offspring would be remittents; and, at the circumference of its sphere, intermittents would be its product.

But a phenomenon like this has never been witnessed. Where its miasm is most abundant, yellow fever is certainly most malignant; at a distance from this it is less so; and near the limit of the district it occupies, it is still lighter. But it is everywhere yellow fever. Its access, type, and leading symptoms, except as to violence, are uniformly the same.

In Philadelphia, the phenomena of the disease have been strongly corroborative of these views. In that city, yellow fever always commences in Water street, where, in the nature of things, its miasm must be most concentrated and virulent; and the complaint assumes there its most malignant form. In Second street, about two or three hundred paces from Water street, and on much higher ground, it is less formidable; in Third and Fourth streets, lighter still; and, in Fifth street, if it reaches it at all, it is a mild disease,—more tractable and much less dangerous than pleurisy, pe-

ripleumony, or a common remittent. But, as already stated, it is, throughout, yellow fever; as dissimilar to an intermittent in its mildest, as in its most destructive form.

As respects marsh miasm, there remain to be considered several points, of a more practical, and therefore more important character, than some of those that have been noticed. And as the plan of question and answer is most consistent with plainness and brevity, it shall be adopted in the discussion. Conformably to this, it may be asked, first,—

What are the agents requisite to the production of marsh miasm?

They are, in brief, heat, moisture, and dead organic matter, chiefly, it is believed, of a vegetable character, existing together in due quantity and proportions. But what precisely this quantity and these proportions are, has not yet been ascertained. Nor is it known in what manner the ingredients act on each other, or what peculiar changes they sustain. That a decomposition of both the moisture and organic matter takes place, seems certain. Nor is it less so that a new compound is formed. For it is not credible that marsh miasm is a simple substance. But, as already intimated, real putrefaction does not appear necessary to its production. It often exists in great abundance and activity, where no signs of putrefaction can be detected.

If either of the three specified agents be wanting, marsh miasm cannot be formed. It cannot be generated either during cold weather, or under a state of perfect aridity. Nor can it be produced where there are no remains of dead organic matter.

From this view, brief as it is, of the origin of marsh miasm, the inference deducible, as to the prevention of it, is plain. Filth consists in a mixture of water with dead animal and vegetable matter. Preserve perfect cleanliness, therefore, and exemption from the poison is certain. Under this condition of things, it can no more spring up than the orange can flourish in Siberia, or the palm-seed vegetate on a block of adamant. In the United States, it is impossible to guard against heat and moisture. They belong to our climate, and we could not subsist without them. The cleanliness, therefore, to which I allude, consists in the entire removal of dead animal and vegetable matter. Were this effected, marsh miasm would cease to exist. Perfect cleanliness would preserve our large commercial cities from yellow fever, with as much certainty as perpetual winter. But, from the nature of things, it cannot be attained. Where human beings are closely associated in crowds and masses, filth must exist. The constitution of man forbids it to be otherwise. To some extent, therefore, marsh miasm will be generated, and fever will be the issue. The utmost man can do, and all, therefore, that he is required to do, is to prevent the excessive accumulation of filth, as the result of inattention, indolence, or neglect. When he has done this, he has performed his duty. Further preventions are beyond his control.

It is nearly ten years since Dr. Ferguson, "Inspector of Army Hospitals" in Great Britain and her Colonies, read, in the Royal Society of Edinburgh, a paper "On the Nature and History of

Marsh Poison." The essay was published in the Transactions of that Society, Vol. IX., and republished in Vol. VII. of the "Philadelphia Journal of the Medical and Physical Sciences."

The article has attracted considerable notice, and made, perhaps, some converts to the opinion it maintains. It is doubtless of no ordinary authority, Dr. Ferguson being a physician of distinction, and having derived his knowledge chiefly from observation and experience. Many of the facts it contains are interesting and important, and some of them are announced by their author as if they were new. They are, moreover, by perhaps a majority of physicians, received as new. But they are so received by mistake. Whatever novelty may be in the inference which their author has deduced from them, they themselves, although individually new, are not so in their nature. Facts precisely analogous are recorded abundantly in medical writings, and to physicians of observation and experience, in the United States, they have long been familiar. It has been, at least, in the middle and southern States of the Union, long and universally known, that, in the low and flat lands of rivers, bays, inlets, and lakes, in the neighborhood of millponds and marshes, and in alluvial situations generally,—it has been long known, I say, that in places of this description, warm and dry summers and autumns are more productive of marsh miasm, and the fevers which arise from it, than summers and autumns that are wet and cool. And to this only do the facts of Dr. Ferguson testify.

Under a rigid analysis, their import goes no further.

In August, 1794, the British army encamped on a low and level alluvial plain, in South Holland. The season was hot and dry, and the troops suffered greatly from intermitting and remitting fever. In the summer of 1799, another British army, commanded by the Duke of York, encamped in Holland on similar ground. The season was uncommonly wet and cool, and from intermittents and remittents the troops suffered but little. Still, however, those diseases did occur, and dysentery, which is but a modification of bilious fever, appears to have been troublesome. Here let me observe that the same general state of things which, in dry weather, produces remittents, throws diseased action more on the bowels, and gives rise to dysentery and cholera, when the weather is wet. This is a common occurrence, and can be easily explained. In the present case, therefore, the troops being attacked by dysentery, testifies to the existence of marsh miasm. It is not probable that wet weather alone would have created that complaint. In the summer of 1810, a third British army encamped at Walcheren, "on a soil as similar as possible" to that of the preceding positions, "and certainly not more pestiferous." The season was again "hot and dry," and the mortality occasioned among the troops, by the endemic of the place, "was nearly unprecedented in the annals of warfare."

Our author details a number of analogous facts, which fell under his notice in Spain, Portugal, and

the West India Islands. His object is to show that the miasm of bilious fever is not the product of marshes. He contends that before this poison can appear, the marshy nature of the spot where it is generated must have disappeared, and a state of perfect dryness succeeded. "Exactly," says he, "in proportion to the previous drought, and consequent *dryness of soil*, is the quantum of sickness. I have visited it (Salvaterra, near Lisbon) upon these occasions (during its sickly season), and found it the most parched spot I ever saw." In another part of his paper, the Doctor thus expresses himself:—

"One only condition, then, seems to be indispensable to the production of marsh poison, *on all surfaces capable of absorption*; and that is the *paucity* of water, where it has previously and recently *abounded*. To this there is no exception in climates of high temperature; and from thence we may justly infer that the poison is produced at a highly advanced stage of the drying process."—Again,—"*I think it may be fairly presumed that water, for as long as it can preserve the figure of its particles above the surface, is innoxious, and that it must first be absorbed into the soil, and disappear to the eye, before it can produce any mischievous effects.*"

That Dr. Ferguson has faithfully narrated facts which fell under his notice, we are forbidden by his character and standing to doubt. Besides, as already mentioned, they are analogous to facts which repeatedly present themselves to us in our own country. But that he has carried his opinion, as an inference from them, too far, we are amply jus-

tified in believing and asserting. It is not true that *perfect dryness* is essential to the production of marsh miasm. On the contrary, it is true that under complete aridity its production is *impossible*. As well may its generation from gold or silex be contended for.

From a correct history of the appearance and disappearance of marsh miasm along the shores of the Nile, much information is derived in relation to the production of that poison. There are two periods at which Egypt is entirely exempt from it; when the land is flooded, and when it is *perfectly dry*. The season of sickness is when the country is in a state of transition from inundation to *complete aridity*. To be more circumstantial on this point:

Egypt is one of the driest countries on earth. Throughout the year, a shower of rain but rarely visits it. For all its water, as well as its fertility, it is indebted to the annual superflux of the Nile. About the middle of August, that river begins to overflow its banks. In October it attains its greatest height. During November, December, and January, its waters gradually recede within its channel; and in February or March, according to the character of the season, when the earth is neither flooded nor dry, miasm begins to be generated, and fever to prevail. The country is now luxuriant in vegetation. In every production whose flavor, fragrance and color can delight, it is a paradise. But, no refreshing showers falling, nor a cloud appearing in the heavens, to intercept even a sunbeam, as the sun advances from the south and his fervors become

more intense, all verdure and blossoms die, and the earth is parched as if by a conflagration. By the time of the summer solstice, the aridity is complete. The source of the dews is dried up, and not a particle of moisture is anywhere found, except in the river, and in artificial reservoirs, where it is preserved for use. Neither Spain, nor Portugal, nor any other country in Europe, ever experiences so complete a desiccation.

In this condition of things, about the 24th of June, the fevers of the country suddenly cease. Why? Because the miasm productive of them no longer exists. Why does it not exist? Because there is no moisture to aid in its production. Heat and vegetable relics exist in abundance; but humidity has vanished. So instantaneous is now the cessation of disease, that the ignorant and superstitious inhabitants, deluded by their priests, attribute it to the interposition of a tutelary saint. Hence public processions, thanksgivings and rejoicings, mark the occasion. This statement furnishes, as I trust, a satisfactory answer to the question so often proposed, why the plague, which ceases, in Constantinople, only at the commencement of cool weather, should cease, in Egypt, during the hottest season of the year?

There are three causes which are equally effectual in extinguishing plague, and all other febrile diseases produced by marsh miasm: flooding, aridity, and cold weather. And they operate alike in preventing the generation of the productive poison. The latter is the agent in Constantinople, and the last but one in Grand Cairo.

One of Dr. Ferguson's opinions calls for a stricter analysis, and a more severe examination, than it has yet received. It has been already quoted, and is expressed as follows:

"One only condition, then, seems to be indispensable to the production of marsh poison, *on all surfaces capable of absorption*; and that is the *paucity* of water, where it has previously and recently *abounded*."

"One only condition," the surface being "capable of absorption," and having been previously wet; and that is simply that it become dry again! No matter of what that absorbing surface is composed, pure silex, calx, alumine, or magnesia (for all these absorb), without even a particle of animal or vegetable matter in it; only wet it abundantly, and then let it become sufficiently dry—and the drier the better; for as is "*the dryness of soil*, so is the *quantum* of sickness"—let all this be done, and the product will be a flourishing crop of marsh miasm!! Such is the mode of incubation prescribed, and such the promised brood! But we have it only *in promise*, and will never have it in fact. As well may we talk of raising wheat without seed, or hatching chickens without eggs. To be serious—

Suppose a plain of pure silicious sand, free from the slightest relic of dead organic matter. This would be "capable of absorption" in a very high degree. It is flooded, for a week or a month, with pure water, equally free from animal and vegetable feculence, and then suffered to pass through all the stages to the *maximum* of "*dryness*." Does there exist an enlightened etiologist who

will contend or believe, that at any point of this drying process marsh miasm will be generated? I think not. From an answer directly affirmative, Dr. Ferguson himself will shrink. He will not hazard his reputation in an attempt to maintain a position so groundless. In every locality, whether it be the waterless channel of a mountain stream, or a stream in a valley or a plain, where he has witnessed the production and ravages of marsh miasm, *alluvion* existed. Such, in the nature of things, must be the case. When swollen by rains or melting snows, mountain streams abound, in the highest degree, in animal and vegetable relics, washed by their waters from the adjacent heights. And their currents are never so uniformly rapid as not to be sufficiently checked, in innumerable places, to make alluvial depositions. There is not, in either Spain or Portugal, a single brook, creek, or river, of which this is not true. I have examined mountain streams as impetuous in their currents as any in Europe; but I have never seen one whose banks and bottoms did not abound in deposits of alluvion. And I venture to say, that such is also the condition of every "hilly ravine" in Portugal, through which even a rivulet flows, as well as of the channel of the "river Guadiana." Dr. Ferguson never witnessed the production of marsh miasm where there was nothing but dry rocks and pure earth, free from all organic relics. Such a paradox has never been witnessed by any one; nor will it be presented, until the laws of nature change.

Indeed I can scarcely conceive of a situation and general combination of things better calculated

for the production of marsh miasm than those which the Doctor presents to us, even when he seems to wonder that the poison was produced. Let us briefly examine them, and then decide whether I do not speak correctly.

After the battle of Talavera, fought in "the hottest weather," the British army retreated "into the plains of Estremadura, along the course of the Guadiana river, at a time when the country was so arid and dry, for want of rain, that the Guadiana itself, and all the smaller streams, had in fact *ceased to be streams*, and were no more than lines of detached pools in the courses that had formerly been rivers; and there they suffered from remittents of such destructive malignity, that the enemy and all Europe believed that the British host was extirpated."

Such is the picture, given by Dr. Ferguson, of the condition of the country through which his gallant compatriots passed, and such the general circumstances of the retreat. The weather was intensely hot, the troops, of necessity, greatly fatigued, and the river Guadiana, along which they moved, converted, by drought, into "a line of pools." And adjoining these "pools," as well as in other parts of the channel of the river, were, as certainly as nature works by uniform laws, depositions of alluvion. And yet the Doctor seems himself surprised that the army was sickly, and imagines that the information to that effect will surprise others. Let him reverse the matter, and he will be right. Had the army not been sickly, the fact would have been surprising. According to the general views entertained on the subject, a better arrange-

ment for the formation of marsh miasm, than that which our author has depicted, can scarcely be imagined. Each pool, in the channel of the Guadiana, resembled a little millpond or lake, in a season of drought, partially exhausted of its waters. Its immediate margin, therefore, to say nothing of the bottom of the river between the pools, was as excellent a laboratory for the preparation of miasm as memory can recall, or imagination picture. And the same was true of the margins of the "stagnant pools," and the intervals between them, in the bottoms of the "hilly ravines" of Portugal. They were so many well constructed laboratories for the formation of marsh miasm. In describing them, therefore, and reporting their products and effects, Dr. Ferguson has given us no new information. The only point of singularity or surprise, in the whole affair, is, that either he or any other enlightened physician should have deemed new, that which is a matter of such general notoriety. The Doctor has simply told us that he witnessed, in Spain and Portugal, the production of marsh miasm, in places where the whole world knows it is always produced; I mean moist alluvion acted on by heat.

The experiment on a plain of silicious sand, which I have only *supposed*, is made annually in South Carolina and Georgia, as well as in some parts of Louisiana. In those states, the pine lands, which are plains of sand, afford healthy retreats to the inhabitants of the maritime and alluvial districts, during the sickly season. Yet, on these plains water falls profusely, and is carried off again by

"drying." But no febrile miasm is produced in the process. Yet here, the sand contains some small portion of vegetable relics; but not enough to do mischief, under ordinary circumstances. Were it perfectly pure, the security afforded by a retreat to it would be greater.

To say the least of it, the standing of Dr. Lind, as a medical writer, is not inferior to that of Dr. Ferguson. But the entire weight of his authority is opposed to the hypothesis that the extreme of aridity is requisite to the production of marsh miasm. As the result of his own observation, he tells us that, at Senegal, the year is divided into two seasons, the wet and the dry. During the former, rain falls in a profusion scarcely equalled in any other portion of the globe. Yet that is the season of sickness. During the period of the greatest aridity, the region is healthy. As relates even to Holland, one of the countries in which our author made his observations, the authority of Pringle is to the same effect. He represents a certain amount of moisture as one of the requisites essential to the production of febrile miasm. And he also wrote from observation. Further concurrent testimony exists in abundance; while none, I think, of weight, can be adduced in opposition.

Dr. Ferguson is an excellent observer, but an ordinary philosopher. He therefore reports facts much better than he expounds their causes. In his efforts at discussion, his ideas and expressions are loose and indefinite, and his reasoning feeble. When he speaks of the "putrefaction of water," he evidently has no correct know-

ledge of his subject. Water, as such, is not susceptible of putrefaction; nor is any other mineral substance. Nothing can putrefy that has not possessed life. To be putrescible, or rather to appear so, water must hold in mixture animal or vegetable substances. And it is then the dead organic matter that putrefies, not the water. Pure water is no more susceptible of putrefaction than pure air, or pure gold. Whatever changes it may undergo by stagnation, they are not the result of real putrefaction; nor will they generate febrile miasm. The offensive bilgewater of a ship, which Dr. Ferguson specifies as an instance of aqueous putrefaction, is impregnated with much vegetable matter; and it is this which putrefies. Water is essential to the process, but it is not itself susceptible of it.

I repeat, then, that, as relates to the generation of marsh miasm, our author has not recorded a fact that is new. He has given a valuable collection, well-ascertained, and fairly reported, of facts such as were already known; and that is the extent of his contribution to medicine. And for that the *profession* is somewhat indebted to him. But his opinion that the amount of disease bears necessarily an exact proportion to the prevailing degree of aridity, is an error which the *members* of the profession are called on to reject, and in every way discountenance. If I am not greatly mistaken, the following representation is true, especially in the middle and southern sections of the United States.

When the summer and autumn are moist, and moderate in temperature, intermittents prevail in the places where they are ende-

mic. When the season is very hot, and copious showers occasionally fall, the fevers, in the same situations, are remittents. And when drought and great and continued heats combine, a more severe and malignant complaint, perhaps yellow fever, is the issue.

The history of disease in the valley of the Mississippi, during the summer and autumn of 1829, is in direct opposition to the opinion of Dr. Ferguson. That season was distinguished by an abundance of rain. It was perhaps the wettest experienced in the West since its first settlement. No near approach to aridity prevailed during any portion of it. Yet it was far from being, as, on the Doctor's hypothesis, it ought to have been, the most healthy. On the contrary, it was marked by a greater amount of bilious fever than had existed previously for many years.

On the subject of unusually wet and dry seasons, as connected with disease, I have a few remarks to offer, which may be introduced into the present part of my memoir without being altogether out of place. When such seasons are accompanied by an inordinate prevalence of sickness, it is uniformly attributed to the sensible qualities of the weather. In a wet season, the superabundant rain is blamed; and, in a dry one, the excessive drought.

May not the blame, in each case, be, to a certain extent, unfounded? For the fall of a superabundance of rain, as well as for the occurrence of inordinate drought, there must be a latent cause. No perceptible agency is sufficient to account for them. But the cause must be meteorological. It must consist in a pe-

culiar condition of the atmosphere, the common source of endemics and epidemics. Does it not, then, comport with reason to believe, that the same unusual conditions of the atmosphere which, at one time, give profuse rains, and, at another, create severe drought, may also contribute to the production of disease? May they not be connected with those atmospherical constitutions, which have been already adverted to as the source of epidemics? And may not, therefore, excessive rains and unusual sickness in one season, and excessive drought and unusual sickness in another, be contemporary effects of a common cause? Although I shall not myself reply to these questions in the affirmative, I would not, without greater hesitation, give a negative reply.

It may be here remarked, that both now and throughout all time to which history extends, epidemic fevers, especially very destructive ones, have been accompanied by extraordinary phenomena, mostly atmospherical, but, on many occasions, connected also with the animal and vegetable kingdoms. Hence, in scriptural history, pestilence, famine, the locust, and the palmer worm, are often associated in narrative, as having been contemporary. And unusual celestial appearances are stated as having frequently occurred at the same time. During some of the seasons in which yellow fever prevailed in Philadelphia, igneous meteors are known to have been uncommonly abundant; and, during others, mosquitoes and grasshoppers were unusually troublesome in the city and its vicinity. And we are informed, in history, that, during the

prevalence of some of the plagues of Jerusalem, the "sky was so streaked, at night, by shooting stars," that the superstitious inhabitants trembled at them, as indicative of the anger of Heaven. It is further remembered, by the citizens of Philadelphia, that, during several of the seasons when yellow fever prevailed in that place, there was almost an entire absence of lightning and thunder; while, during others, there was a superabundance of them.

On some occasions, when an epidemic has prevailed among the human race, domestic and other animals have been sickly, and some of the productions of the earth in the same condition. In these instances the complaints of man have been often ascribed to the use of damaged provisions. But whence arose the maladies of the lower orders of creation? Is it not likely that the diseases of the human family, of the inferior animals, and of vegetables, were the offspring of a common cause? An epidemic fever is always and essentially of atmospherical origin. Nor is there anything unreasonable in the belief, that the same condition of the atmosphere, which injures man, may injure also other kinds of living matter.

In 1793 yellow fever prevailed, in its most destructive form, in the city of Philadelphia. So diseased were the livers of hogs, brought to the market of that city, during the autumn and winter of the same year, that they could not be eaten. The disease of horses called the "yellow water" is a bilious fever, and is often contemporaneous with the same complaint in the human family. It is, moreover, endemial in the same situations with bilious fever. The cats always, and the

dogs sometimes, died in Philadelphia of bilious affections, in great numbers, during the seasons in which yellow fever prevailed among the human inhabitants. So true is this, that, if, in June and July, the cats began to sicken and die, the citizens looked on the event with alarm, as a premonition of mischief to themselves.

In Italy the *aria cattiva* of the Pontine marshes is highly deleterious to black cattle and sheep. It produces in them a malignant bilious fever. So certain is it that the same atmospherical constitution which sickens man, sickens also his domestic animals. The author of the *Iliad*, therefore, was no less of an accurate observer than a great poet, when he said of the plague of Troy,—

“On dogs and mules the infection first began,
And last its vengeful arrows fix'd in man.”

But to return from this digression, and offer a few further remarks on the origin of marsh miasm. Of every fertile soil, more especially if it be alluvial, vegetable relics always, and animal frequently, constitute a portion. These relics, being greatly comminuted, are in a fit condition to undergo decomposition and change, and, under the influence of the requisite agents, to produce marsh miasm. But, as already stated, those agents are moisture and heat. Of these, the former is always present in sufficient quantity, except under such a long and burning drought as that which visits the Delta of the Nile. Expose, then, fairly, at any time except when it is flooded, for a sufficient period, a tract of rich, especially alluvial soil, to the action of the summer sun, in the climate of the United States, and marsh miasm will be

certainly produced. Under what degree of desiccation it will be most readily and abundantly produced, I cannot tell. But I know the soil must be neither very wet, nor robbed of the last particle of moisture. In the latter state, it could no more give birth to marsh miasm than a well-burnt brick. In the former, the poison either would not be produced, or it would be absorbed by the moisture as soon as produced. For it will appear presently, that its attraction for moisture is strong. The following fact is corroborative of the opinion here delivered :—

Philadelphia stands on alluvial ground. What is now, in that city, the beautiful promenade called Washington square, was once Potter's Field, a place set apart for the burial of strangers, and of the poor, and exhibiting an extensive and unsightly collection of neglected graves. It is about twelve or thirteen years since the improvement in it was made. The surface of the ground was uneven, being, along one entire side, but more especially in one angle of the square, considerably depressed. This hollow was filled up and levelled by earth taken from cellars, and the excavations of new streets, and otherwise collected in all parts of the city. The work was completed between the first of October and the middle of April of the following year. There was now presented to the sun an area of several acres, covered with fresh alluvial earth, on which his beams had perhaps never acted before ; and that earth contained moisture. The consequence was serious, although not signally fatal. As the season advanced, the increasing heat, acting on this mass of humid alluvion,

generated a miasm, which produced many severe and obstinate attacks of fever in the neighborhood adjacent to that section of the square where the earth had been deposited. The inhabitants of the other sides of the square escaped, owing, in part, to distance, but chiefly, perhaps, to the direction of the prevailing winds. The sickness occurred along the south and southeastern quarters of the square; and it is known that the vernal winds of Philadelphia blow chiefly from the northeast and northwest. Every other portion of the city was exempt from disease.

This fever prevailed during the latter part of April, and throughout the month of May, and then disappeared. Nor was the cause of its disappearance hidden. It was the same that extinguishes the plague, and other forms of bilious fever, in Egypt, about the twenty-fourth of June. I mean aridity. The season was dry, and the solar heat had so completely exhausted the alluvion of its moisture, that no more miasm could be produced. On the extinguishment of its cause, therefore, the fever ceased.

Another event, analogous to this, occurred in Natchez, in the summer and autumn of 1820. The police of the city had entered on the process of levelling, on an extensive scale. In some places streets were excavated to the depth of six or eight feet, or perhaps more; and with the alluvial earth, thence removed, hollows in other places were filled up. Thus was a very extensive area of fresh clay exposed to the burning sun and heated atmosphere of that region. The consequence was terrible. A miasm was generated, which produced one of the most

malignant and desolating fevers that has visited the South.

Occurrences similar to these are common in the original settlements of almost every new and fertile country. When the inhabitants first arrive, the place is healthy; but no sooner have the axe and the mattock removed the forest timber and the under-bush, and the ploughshare opened to the sunbeams the bosom of the humid soil, than a miasm is generated, which produces fever. Hence emigrants from the eastern to the western States of the Union, especially if they settle on a tract of land entirely new, rarely escape what is called a "seasoning." But, as cultivation covers the soil with plants, which feed on the vegetable matter it contains, and at the same time protect it from the sun, the miasm ceases to be formed, and health returns.

Although these facts concur in proving that a marsh is not requisite to the production of the poison of bilious fever, they further prove that a certain degree of moisture is. The prevalence of fever, then, is never directly as the degree of aridity. Dust perfectly dry will not produce it; nor will pure silicious or calcareous earth, with any modicum of moisture that may be mixed with it. Vegetable or animal matter is as essential to its production as light is to vision, or sapidity to taste.

How far does marsh miasm travel from the place where it is produced?

The science of medicine does not, at present, contain materials to furnish an answer to this question. Facts respecting the real movements of this poison are wanting, and mere conjecture is substituted in their place. Hence it often comes from an adjacent

source, when it is supposed to come from a distant one. It is often generated in the rich and humid soil of fields, open forests, and pleasure-grounds, when it is believed to be the product of a marsh, or a millpond, situated beyond them.

The extent it may travel from its source is regulated somewhat by the character of the surface over which it has to pass. If the ground be hilly, the sphere of its progress will be more limited than if it were level. Yet it ascends hills of considerable elevation, and produces disease on their summits. But its power is not so great on the opposite sides.

Instances are recorded in which this poison is stated to have travelled several miles. I have never witnessed any such ; nor am I prepared to believe in their existence. I doubt if it ever travels one mile ; nor, in ordinary cases, more than half the distance. I repeat, that the belief in its moving so far from the place where it is formed, arises from intervening and nearer sources of it being overlooked.

When yellow fever prevails in a city, its progress, as already stated, is often arrested by the width of a street. It has been known to attack most of the inhabitants, who remained in their houses, on the east side of certain streets in Philadelphia, while those on the west side were nearly exempt from it. And beyond the limits of the city it never passes. To what must this be attributed ? Within a certain sphere, the febrile poison exists in abundance, as its ravages too plainly show ; but a few paces beyond that sphere, there is no evidence that it exists at all. The phenomenon admits of but one explanation. The poi-

son, in passing through an uncontaminated atmosphere, becomes immediately neutralized, or so diluted as to lose its virulence. There is reason, however, to believe that the form of miasm productive of intermittents and remittents travels further from its birth place than that which produces yellow fever ; but how much further no one can tell. It is useless, therefore, to dwell on the subject.

Is this poison capable of being conveyed through the atmosphere by the wind ?—It is. Hence, in places where the summer and autumnal wind blows, with steadiness, from one quarter, bilious fever prevails much less on the windward than on the leeward side of marshes, millponds, and other bodies of stagnant water. In such situations, the inhabitants on the former side are often in the enjoyment of health, while those on the latter are suffering from disease. And if the miasm does sometimes produce fever on the windward side, it is at a much shorter distance from its source than the bounds to which it reaches on the opposite side.

A knowledge of this fact is important in the selection of sites for human residence, whether in cities, towns, or single dwellings. Is the site to be chosen near to a copious source of marsh miasm ? and is the place swept, during summer and autumn, by a prevailing wind ? Let the residence be erected on the windward side. Thus, in Virginia, the Carolinas, and Georgia, when the summer and autumnal wind is from the south and west, the inhabitants, on those sides of a marsh, millpond, or river, are often healthy, while those on the east and north sides

are subject to the endemic of the place. The same wind which carries the poison from the former, conveys it to the latter. I need scarcely add, that miasm is conducted by the wind to a greater distance from its source, than it can travel through a tranquil atmosphere.

Should it become necessary to establish a town, or erect a fortification, or a single dwelling, near to a marsh, or any other body of stagnant water, and on the leeward side, how may it be best protected from the influence of the miasm?—By draining the marsh, or other stagnant water, and converting it into a meadow, or otherwise covering its surface with dense vegetation. Or, should this be impracticable or inexpedient, by suffering the forest timber and under-bush, if there be any, between the buildings and the marsh, to stand; and by planting trees and shrubbery there, if there be none. Whether it acts mechanically, or in some other way, a cordon of trees is one of the best safeguards against marsh miasm. In Persia, and other countries of the east, this truth has been long known, and practically applied. Hence, between the dwellings of the inhabitants and contiguous sources of febrile poison, crowded shrubbery, and dense rows of luxuriant and bushy trees, are uniformly found.

At a short distance to the south of Philadelphia, lies a large tract of alluvial land, called the Neck. Originally it was marshy, containing much stagnant water, and its inhabitants were annually visited by intermitting and remitting fever. Between it and the city stood a cordon of trees. In consequence of this protection, the

inhabitants of the city were secure from the miasm generated in the Neck. When the British army had possession of Philadelphia, during the war of the revolution, the protecting timber was cut down by the soldiers, and consumed as fuel. The effect was serious, though somewhat instructive. For many years afterwards, the southern extremity of the city, which lies contiguous to the Neck, suffered greatly from intermitting and remitting fever. Nor was it again secure, until, by cultivation, the neighboring marshes and ponds were drained, and their sites covered with a mat of vegetation. The tract of land, once so unsightly and sickly in itself, and so deleterious to its neighborhood, presents nothing now but rich meadows and productive gardens, from which Philadelphia is supplied with an abundance of hay, and the finest vegetables her market affords. Since agriculture and horticulture have thus done their work, the inhabitants of the Neck are as free from fever as those of the city. In Jamaica, Guiana, and other portions of tropical America, dwellings are, in like manner, protected from miasm by shrubbery and trees.

Which is the most dangerous, exposure to miasm by day or by night?—Exposure by night is, by far, the most dangerous. This answer rests, for its truth, on well-known and important facts.

When yellow fever prevailed in Philadelphia, individuals who spent the day in the city, in attention to business, or for other purposes, but left it before sunset, and passed the night in the country, usually escaped the disease; but those who remained in

the infected atmosphere both night and day, for the most part, suffered. As relates to prophylaxis, this is a point of much importance. The writer of this article has the gratification to believe that by giving directions to men of business, conformably to the principle involved in it, he has prevented much suffering, and perhaps saved many lives. His uniform reply to those who have consulted him has been, "If you cannot quit the city entirely, until the termination of the epidemic, at least sleep out of it every night."

When a ship is lying at anchor, a short distance from a sickly coast, the sailors that go on shore by day for wood and water, generally remain healthy, provided they return to the vessel, and sleep on board of her every night; but if they remain on shore a single night, they usually sicken.

The inhabitants of Rome, and strangers who visit that city, can pass the day with impunity in the Pontine marshes; but if they remain there a single night, they rarely escape the influence of the miasm. An attack by the endemic of the place may be considered almost certain. It may be further stated, as a fact which is notorious, that in the maritime and sickly districts of the southern section of the United States, those inhabitants who most carefully avoid exposure at night, suffer least from the endemic of the country.

As marsh miasm has an affinity for moisture, it is believed to be concentrated and rendered more deleterious, in the evening, by the descent of the dew. Hence the danger, in a sickly situation, of being exposed to the fall of that

meteor. There are two falls of dew during the night. Of these, the first occurs immediately after sunset, and the other between midnight and sunrise. In case, therefore, of night exposure being indispensable, it is least noxious between the hours of nine at night and one or two in the morning. Such appears to be the result of experience.

To what elevation above the surface of the ground does marsh miasm rise?

To this question, which possesses much interest in a scientific point of view, and no little importance in a practical one, no definitive answer can be given. That the poison does not ascend to a great height, we certainly know; but to what height precisely we do not know. Our knowledge, however, on this subject, is sufficient to be useful to us in our professional intercourse with our fellow citizens. We can found on it certain prophylactic measures, if we cannot derive from it such as are curative.

In a city where the buildings are three stories high and upwards, say from thirty-five to forty-five or fifty feet, the miasm does not reach the upper stories in the same state of concentration and strength which it possesses in the lower. It is doubtful whether it reaches them at all. But it has been shown that exposure to that poison at night, is much more dangerous than exposure during the day. Hence, when yellow fever prevails in one of the Atlantic cities, it is much best for those who cannot retire into the country, to spend their evenings and nights in the upper stories of their houses. By this practice, health, in Philadelphia,

has been, in some instances, preserved. The same is true as respects Norfolk. When yellow or high bilious fever has prevailed in that city, much less sickness has occurred among those who slept in upper stories than those who slept in lower ones. In the low lands of the Carolinas, the same truth is familiar to every one. During the prevalence of the epidemic of the country, those who sleep in the highest chambers are least subject to it. I know not that the experiment has ever been made in New Orleans; but I feel persuaded that it might be made with good effect.

When the plague appears in Constantinople, Smyrna, or Cairo, the Europeans who reside in those cities shut themselves up in their houses, and hold no direct intercourse with those that are without. Their intended object is to avoid contagion; and they generally escape the disease. But why do they escape? Not because they prevent the approach of those who have been attacked by the plague, or exposed to it; but because they reside and sleep on the highest floors of their dwellings. They are above the reach of the poison. Let them pass their whole time in the lowest parts of their houses, and barricade their door, and fumigate their letters and provisions as they may, the disease will find its way to them. Another ground of their safety is, that, from the nature of their seclusion, they avoid night exposure, and escape exciting causes. Their habits are regular, and they live temperately. All this contributes to their safety.

One of the most distressing and unmanageable of our summer

complaints is Cholera Infantum. It is chiefly a disease of large towns and cities. The best and perhaps the only certain mode of prevention is to send children into the country, before the malady attacks them, and allow them to remain there throughout the summer. But the condition of a large majority of families forbids this precaution. Some other preventive measure, therefore, should be substituted. The writer of this memoir has successfully tried the following, induced by the reasons about to be stated.

Cholera infantum, like other forms of bilious disease, is the product chiefly of marsh miasm. If children cannot be removed into the country, entirely beyond the sphere of this poison, let them be kept, as much as possible, above its reach. As already stated, it does not seem to rise, in its strength and virulence, to the highest parts of city dwellings. Under this belief, the upper rooms of houses have been directed to be converted into the family nurseries. In these the children slept at night, and were kept in them throughout the day, except when taken out for exercise; and then they were conveyed immediately out of the city, to enjoy, for a short time, the pure air of the country. This experiment, tried in a number of instances, so far succeeded as to prove satisfactorily the correctness of the principle on which it was instituted. During the prevalence of yellow fever in one of our cities, physicians, whose profession does not permit them to fly from the danger of it, may contribute to their own safety by sleeping in upper stories.

But although marsh miasm does

not ascend to a great height in the atmosphere, it climbs to the summits of lofty hills. But this it does by moving along the surface of the ground. It has produced disease at an elevation of from three to five hundred feet above its source. Of this Dr. Ferguson has given us several instances; and others equally conclusive might be adduced. A current of air may bear it up an ascent, in the same manner as along a level surface.

Can marsh miasm travel far along the surface of water? We have what I deem satisfactory reasons to believe that it cannot. It has been already mentioned that it cannot reach the crew of a ship lying at anchor but a cable's length from the shore where it is generated. To prove this, facts innumerable might be adduced. The histories of commerce and war, in the West Indies and other warm and sickly climates, abound in them.

Similar facts may be collected from the history of yellow fever in our own country. During the prevalence of that disease in Philadelphia, many individuals, and several whole families, are known to have retreated to vessels lying not more than from two hundred to two hundred and fifty yards from the wharves, and to have remained healthy. In New York and Baltimore like instances have occurred. The intervention, then, of a narrow river, provided its own alluvion did not produce miasm, would afford ample protection from the march of that poison.

When persons are necessarily exposed to marsh miasm, can any effectual means be adopted to secure them from its deleterious effects?

I know of none. Camphor, vinegar, tobacco, and all other vola-

tile and odorous substances, so generally resorted to, are useless. The employment of them is founded in ignorance, and ought to be rejected as a species of quackery. It is as much the result of antiquated superstition, as amulets against witchcraft, or a belief in the performance of miracles by the relics of saints. Nor have I much respect for the purifying process by acid fumigation and whitewashing. The best that can be said of it is, that it removes one kind of adulteration by another not so bad. Nor does it always do even that. The only real purifiers of foul ships, hospitals, and sick rooms, are clean water, good soap, and free ventilation. Let these be competently employed, and the danger of infection will be but a name.

Not a little has been said about the diet, drink, and general regimen best calculated to protect those who are exposed to febrile miasm. Some recommend a very moderate diet, consisting chiefly, if not exclusively, of vegetables, with water as the only drink. The object of this is stated to be, so to purify the blood that the miasm may find in it no suitable matter on which to act. Others urge the propriety of a free, if not a full diet of animal food, with a liberal use of wine, or some other stimulating beverage, with a view, as they express it, to "live above the fever."

In the devising of neither of these plans of prophylaxis, does reason or experience appear to have been consulted. If a person exposed to the action of marsh miasm escape its effects, it is in consequence of the successful resistance which his constitution makes to it. But the stronger in

constitution and the more firmly settled in health the individual is, the more powerful and unconquerable will be that resistance.

How, then, is this soundness and vigor of health to be maintained? The answer is plain. Not by any sudden and great change in diet and drink. Such a measure must always unsettle the constitution, and, by deranging its balance, weaken it. A sudden relinquishment of old habits is always hazardous. Hence it is particularly so during the prevalence of an epidemic, when the powers of the system should be in full vigor and harmony with each other, that they may resist, with the more certain success, the efforts of a common enemy. The rule of wisdom appears to be as follows. Let those who are exposed to a febrile miasm persevere steadily in their usual course of diet, drink, and regimen, provided they have found it, by experience, to agree with them; I mean, provided it has secured to them the greatest amount of health, strength, and general comfort, of which they are susceptible. For, in proportion to these will be the resistance of their systems to the action of the poison. Anything that may in the least derange their health, or weaken their powers, increases necessarily their liability to disease. It is like the mistake of a military commander, who changes imprudently his order of battle, in the face of an enemy ready to take advantage of it; a movement which almost certainly invites disaster. During the prevalence of an epidemic, then, let those whose habit it is to eat animal food and drink wine or spirits in moderation, continue to do so;

while those whose diet has been vegetable, and their potation aqueous, should persevere in them: provided, I say, they have found them salutary. Entire health and strength being the objects at which they should aim, the means by which they have found them to be best secured they should perseveringly employ.

During epidemic periods some physicians direct the frequent use of purgatives, tonics, or some other medicinal articles, as preventives of disease. This is also an injurious practice. Provided health be sound, such a course is not only unnecessary, but injurious. The end of medicines is not to preserve health when it is perfect, but to restore it when it is lost. The only genuine preservatives of health are suitable diet and drink, judiciously indulged in, and a steady perseverance in a well-directed regimen, including suitable clothing. And the clothing should be such as may best maintain the action of the skin. By the use of active medicinal substances perfect health is necessarily deranged. During an epidemic, then, let them never be employed, unless called for by an evident commencement or threatening of indisposition; and then let them be taken without loss of time. Should constipation of the bowels occur, let it be removed; because it indicates derangement of an important function. But active purging, however useful as a means of cure, is not a safe preventive. Such appears to be true prophylaxis. The very anxiety attendant on the frequent use of medicine, for the prevention of a prevailing disease, deranges health, and weakens the constitutional resistance which

would otherwise be made. Hence timid and pains-taking individuals more frequently suffer than those who, free from dread, pursue their usual occupations, and adhere to their habitual customs. It is to be understood, however, that, during the prevalence of an epidemic fever, fatigue and all violent exciting causes should be carefully avoided.

A few further remarks on the miasm of typhous fever shall close this memoir. There is perhaps no other febrile poison, respecting which so great a change of opinion has occurred, of late, as that which has taken place with regard to this.

It is not long since the belief in the specific and contagious nature of typhus, was almost as universal as in that of smallpox. A denial of the correctness of this belief was not only denounced as medical heresy, but openly scoffed at as medical folly. The author of this article has good reason to know that he speaks truth; because, having been himself a very early dissenter from what was then deemed orthodoxy on the subject, he has been often assailed in the manner here indicated.

But very different, with many physicians, is the present state of opinion. Those who were formerly strenuous advocates for the contagious nature of typhous fever, have not only renounced that hypothesis, but contend now that the complaint has a common origin with intermittents and remittents; and, of course, with yellow fever and pestis vera. Such is the vibration from one extreme to the other, which, in the moral and intellectual as well as in the physical world, so often takes place.

In the correctness of the opinion just referred to, I yet want facts to induce me to concur. That it is plausible and ably defended, cannot be denied. But it is not yet definitively established. Although long persuaded that typhous fever is the product of a miasm generated by changes in dead matter, and not by morbid secretion, I have no solid ground to believe its miasm to be the same with that which gives rise to intermittents and remittents. On the contrary, I am still inclined to consider the two poisons different. My opinion to this effect rests chiefly on the following grounds. It will be understood that I am about to speak of typhus, not as it is sometimes reported to us from abroad, but as it always appears in our own country. And I am inclined to believe that the diseases are not the same. I mean, that they do not arise from the same cause.

1. For reasons already given, the miasm of intermittents appears to be the offspring chiefly, if not entirely, of dead vegetable matter. But that of typhus springs from animal matter perhaps alone. As formerly stated, it seems to be the product, exclusively, of changes that take place in certain secretions of the human body, after their escape from the secreting organs. All circumstances, connected immediately with its production, favor this belief. In particular, it is frequently generated in places where no vegetable matter can be found; while the poison of intermittents is produced in abundance where no animal matter appears, but never without vegetable. It may be added, that typhous fever often makes its appearance where

there is no decomposable matter but human exhalations.

2. The effects of the two poisons on the system of man are very dissimilar. Few febrile diseases differ more widely from each other, in their characteristic phenomena, than typhus and an intermittent. Neither in their access, type, progress, symptoms, nor duration, have they any resemblance. They have, at least, in these respects, no more of resemblance than every febrile affection has to every other. The same arguments, therefore, which would prove them identical, would do the same as relates to every other form of fever. If they be the same, fever is a unit ; small-pox, measles, scarlatina, and *pestis vera*, are in origin identical. But such a conclusion would be at war with just reasoning. Were it true, philosophers might no longer contend that similar causes produce similar effects.

3. No less dissimilar are the situations in which the two miasms are produced. That of intermittents has its birth in the open air. Nor does it matter, in the slightest degree, whether the atmosphere be calm, or agitated by wind. But the miasm of typhus requires, for its production, close rooms and a stagnant atmosphere. In the open air it is never generated. Free ventilation is as fatal to it as the north is to the plantain, or a tropical sky to the reindeer or the martin. I allude only to local typhus, usually called jail and hospital fever. With epidemic typhus, such as our late *peripneumonia typhoides*, the case is different. The poison which produces it is bred in open places, and bears ventilation. But no one will contend that it is the same

with that which is the cause of intermitting fever. Such an allegation would be worse than hypothesis. It could scarcely escape the name of lunacy.

4. Tropical climates are peculiarly the birthplace of the miasm of bilious fever. But under their influence typhous miasm is unknown ; it is, at least, a very rare production. It is the native of a higher latitude, and a cooler climate. It is generated, moreover, chiefly during the winter and spring. But, in temperate climates, those, for example, in which alone typhous fever ever prevails, bilious miasm is the product almost entirely of summer and autumn.

5. There is reason to believe that typhous miasm can adhere to the body and clothes of an individual, and, being, in this way, carried to a distance, escape from him, and generate disease in other persons ; and the individual, from whose secretions the poison is formed, may still retain his health. Thus, prisoners, taken from their dungeons to trial, themselves free from typhus, have, by the miasm carried along with them, produced that complaint in those whom they approached.

To say nothing of the reported occurrences at the Black Assizes and the Old Bailey, other facts of similar import may be adduced. If my own authority may be admitted, in support of my position, I will relate one which I witnessed myself.

A criminal, who had been long confined in a small, foul, and badly ventilated dungeon, was about to be brought to trial. His counsel, wishing to converse with him, but unwilling to enter a place so offensive, had him brought into an

adjoining apartment. During this conference, he was assailed by a noisome odor, from the culprit's body, which produced, once or twice, a slight degree of nausea. In a few days afterwards he sustained a very violent attack of typhous fever, from which he recovered with great difficulty. The place, at the time, was free from disease; nor had the prisoner himself been sick. The poison issuing from his person and clothes was the only cause to which the disease of his counsel could be referred.

But of the miasm of bilious fever the same is not true. No instance can be adduced where it has been thus carried, and thus communicated. Yet, being so much more commonly and abundantly generated than the miasm of typhus, such instances ought to be numerous were it capable of producing them. To the instances of typhus thus produced, they should be as ten thousand to one.

6. The miasm of typhus is much more destructible than that of intermittents. It cannot, as already represented, be generated in the open air. Nor can it, when formed, bear the action of the atmosphere, in its common state of purity, without losing its deleterious character. It cannot, therefore, pass through any considerable body of atmospheric air, and produce disease. It must act near its source, or not at all.

But very different, in these respects, is the character of marsh miasm. It is not immediately neutralized, or in any way deprived of its deleterious qualities, by admixture with unadulterated atmospherical air. It can pass to a considerable distance from its source, and still retain its viru-

lence. Hence it propagates disease much more extensively than the miasm of typhus. In fine, typhous miasm depends on man for its production; and, that it may generate disease, its subjects must be shut up within a narrow compass. Hence its proper sphere of action is in cities, towns, crowded dwellings, and other confined places. Its product, therefore, as already intimated, has been called jail, ship, and hospital fever. But, as respects its generation, the miasm of intermittents is independent of man, and attacks him wherever it finds him; alone or in crowds—in the city or the country. It is produced everywhere, and the human family is everywhere its prey. For these reasons, I cannot believe the poisons identical.

It has been remarked that marsh miasm produces disease in domestic animals. Of the miasm of typhus the same is true. But the poison is generated by the animals themselves; I mean by deleterious changes in their exhalations. Confine horses, cows, and sheep, too long, and in crowds, in badly ventilated stables and folds, and they will suffer from typhus. This is perhaps more especially true of the latter animals. The vulgar name of the disease which attacks them is the "rot." But it is a true malignant fever, of a typhous character. Nor is its source doubtful. Ventilation and cleanliness prevent its production, and extinguish it after it has been produced.

It will be observed, I repeat, that the form of human typhus, here referred to, is that which arises from local sources. Although it is probably produced most readily, and marked with most

malignity, when the general constitution of the atmosphere is unfriendly to health, yet it may be produced when no deleterious constitution exists. It is then purely local, the result exclusively of a poison generated by chemical changes in human exhalations.

This form of fever, I say, is specifically different from intermittents and remittents. It can neither be converted into them, nor they into it. Remittents do, indeed, at an advanced period, and under improper treatment, pass into what is denominated a typhoid state. But they do not pass into genuine typhus, any more than into smallpox.

All violent and protracted febrile affections, whatever may be their original type and character, run, toward their close, into typhoid action. This is very often the case with smallpox and scarlatina, and not unfrequently with measles. But these complaints are not typhus. No febrile disease changes its nature. It does not begin as one kind of fever, and terminate as another. Marked by the occurrence of a few new symptoms, it is, from beginning to end, specifically the same. New symptoms appear in many cases of smallpox, as well as of typhus. But it is still smallpox. And typhus has a character no less specific and unchangeable.

Of the origin of epidemic typhus, it is not my purpose to speak. That which, some years ago, passed over the United States, under the names of typhus syncopalis, peripneumonia typhoides, and cold plague, had no manifest dependence on place, season, or any of the sensible qualities of the atmosphere. It pre-

vailed at all times, in all situations, and during every description of weather. It was as completely atmospherical as influenza or scarlet fever. Nor was it less different than they are from intermittents and remittents. Its origin, moreover, was equally obscure. To pronounce it the product of some terrene exhalation, would be to utter a mere conjecture. And yet the science of medicine cannot, at present, offer anything better.

From having been an exclusive contagionist, Dr. Armstrong now derives from the same malaria which produces intermittents and remittents, the epidemic typhus which lately prevailed in England and Ireland. In proof of his opinion, he adduces the prevalence of those diseases chiefly in the same places, and especially their convertibility into each other. He asserts that he has seen intermittents and remittents changed into typhus, and the reverse.

If this be true, they are but modifications of the same fever, and are, therefore, the product of the same miasm. But, of intermittents and remittents, and the typhous fever of the United States, whether epidemic or local, I repeat, it is not true. Those complaints are not confined to the same places; nor are they convertible into each other. They are not even most prevalent at the same season of the year. In fine, they are dissimilar in all points essential to character; nor do they seem to differ more in any respect than in the causes which produce them.

II.

DR. MOTT'S INSTRUMENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your last Journal is a communication from *Senex* upon the instrument used by Dr. Mott in cases of Immobility of the Jaw. From it, is to be inferred that the Doctor has pirated the invention of another, or that he has never read the works in which a model of it is to be found.

Now, Sir, these assertions appear altogether gratuitous, ungenerous, and uncalled for.

Is it in the least probable, that the most distinguished Surgeon in America would seek additional reputation by the mere invention of an instrument? or, if so, that he would have subjected himself to so easy a detection? Is it not much more probable, that the instrument in question originated with the case which required it, and was published "that it might be useful to others?" We know of no preventive to its being invented at the present day, more than at any other period of time.

That Dr. Mott should not have read Heister's or Benj. Bell's books, no one will believe: but that he may have overlooked the instrument in question, in either of these antiquated works, is very possible; for, if we mistake not, it required the *leisure time* of *Senex* to recall it to your own memory, and will, no doubt, produce the same effect on many others equally as well read.

To those by whom Dr. Mott is known, it is perhaps unnecessary to say, that the extent of his ambition is to use an instrument with honor to himself and with safety to his patient, and not to deprive others of the merit of inventing it. And who has done it more so, or contributed more to the advancement of Operative Surgery? No one!

The *dilemma* is not so alarming, perhaps, as is charitably supposed; nor can it injure a reputation which has secured for its possessor, both in this country and in Europe, the highest honors and the most imperishable fame. Yours, &c.

VINDEX.

New York, Aug. 26, 1830.

BOSTON, TUESDAY, SEPTEMBER 7, 1830.

WE publish this day three numbers of the Journal, for the purpose of presenting our readers the entire essay of Dr. Caldwell, which won and so richly merits the prize offered by our University. It will be read with interest, and amply repay every one for the consequent interim of a fortnight in the publication of our hebdomadary. Several communications intended for this week, are ne-

cessarily deferred till the next number.

PHYSIOLOGY. SEAT OF TASTE.

FROM an account of experiments made to determine this point by Messrs. Guyot and Admyrault, of Paris, we select the following, which will be found to present some curious results:—

1. If the extremity of the tongue

be enclosed in a sac of soft parchment, in such a manner as completely to cover it, it will be possible to introduce between the lips, and even to crush between them, a small quantity of a soft sapid substance, like preserves, without producing any other sensation than that of consistence and temperature. This experiment has been varied by employing weak hydrochloric acid, and sweetened water, without its being possible, not only to distinguish them, but even to recognise any taste in either.

2. If the cheek be withdrawn from the alveolar arch, and then be covered internally with sweet or acid jelly, no sensation of taste is experienced, unless the saliva from the part is allowed to come in contact with the tongue. This experiment may be varied by simply closing the teeth, and placing between them and the cheeks a soluble body, like sugar or aloes. The taste is not perceived, even when the substance thus enclosed has been dissolved; but it becomes at once obvious, when the fluid of the part is allowed to flow within the teeth.

3. The tongue being covered as in the first case, but to a greater extent, by adding a prolongation reaching to the epiglottis, if some substance of a decided taste is swallowed, and, in the movement of deglutition, is carefully brought in contact with all the points of the palatine arch and the velum, the taste will be perceived on the posterior part only.

4. If the palatine arch be covered with a slip of parchment, a sapid

body placed on the tongue and swallowed produces its usual taste.

5. A fragment of aloes fixed on the end of a stilet, and placed in successive contact with all the points of the arch and the velum, produces the following effects:—In the whole extent of the arch, at its edges as well as the centre, there is no sensation but that of touch. The same is the case generally with the velum, and with the greatest part of the uvula. It is observed, however, that, in the anterior superior part of this organ, about a line below the point of its insertion into the arch of the palate, there exists a small surface, not extending to the base, from which it is three or four lines distant, but prolonged and losing itself laterally; this part is endowed with the sense of taste in a marked degree. By carrying the instrument farther into the mouth, it appears that the posterior part of the velum and the mucous membrane of the pharynx have no part in producing the sense of taste. If then we except the part just indicated at the superior part of the velum, the tongue is to be regarded as the sole seat of taste.

8. A stilet, armed like the one last mentioned, and applied in succession to different points of the tongue, will prove that the whole face of this organ does not possess the property of perceiving tastes. This property is found only as we approach the circumference, in a region of one or two lines in breadth along the sides, and three or four at the point, somewhat broader on the superior than the inferior face. It is also found to exist in the space situated beyond a

curved line passing through the blind hole, and the concavity of which is supposed to be turned forward.

The sense of taste is possessed by the border of the tongue more fully than by any other portion, and appears to exist uniformly in this part as far as a few lines from the anterior extremity. From this point the sensation becomes more acute, and reaches its maximum at the point, where it exists in the greatest intensity. With the exception already noticed, the inferior surface of the tongue is incapable of taste.

NEW REMEDY IN DROPSY.

WE observe among the novelties of the day, that the bark of the root of a plant called the cainca, described as the *chiococca racemosa*, and native of Jamaica, has been found marvellously useful in dropsy. Its virtues are said to depend on one of its constituents, which is capable of being crystallized in fine needles, has a bitter and somewhat astringent taste, no odor, soluble in one hundred times its weight of water, but very soluble in alcohol, especially when warm. It possesses acid properties, changing vegetable blues to a red. Its discoverers give it the name of caincic acid. It acts both as a cathartic and diuretic, but especially in the latter mode, producing abundant evacuations of urine, and carrying off anasarcaous affections with great rapidity. Some of the cases in which it was successfully employed were of long duration, and had resisted all the usual methods of treatment. In one of these, in which the medicine had been rejected by the stomach, a somewhat larger quantity dissolved in

water was administered by injection, with the happiest effects. In one case, where infiltration of the lower limbs was accompanied by symptoms of hypertrophy of the heart, it was noticed that the medicine had a decided effect in retarding the pulse and diminishing the action of the heart. The latter result was unequivocal, and was remarked upon by the patient himself. In this, therefore, as in its diuretic property, it would appear to resemble the digitalis. The particulars of thirty of the cases in which it was found useful, are contained in a memoir which was read to the French Academy of Sciences the 28th of December, 1829. We are not aware that the article has been imported into this country.

INFLAMMATION OF THE KIDNEYS.

A GERMAN writer, Dr. Wenzke, who has paid particular attention to this subject, thus sums up the known symptoms of chronic inflammation of the kidneys:—

There exists in these cases a dull pain, and a sensation of weight, aggravated by strong emotion, by over-heating, and by alcoholic drinks. The affection comes on slowly, and often without fever, and very gradually induces more alarming symptoms. Frequently some sympathetic affection, rather than any local renal pain, discovers its existence. Morgagni notices pain in the stomach, nausea and vomiting, as symptoms of this disease; other physicians have seen it accompanied by cerebral affections, and especially giddiness. Sometimes there exist no symptoms whatever, during life, from which the state of the case

could be surmised. An individual thus affected, was entirely free from pain in the kidneys; had no dysury up to the period of his death, and died, in fact, of disease of the lungs: yet both his kidneys were found, after death, to have been entirely consumed. Dr. W. considers it very doubtful whether diabetes be owing to inflammation of the kidneys.

NEW JOURNAL.

A NEW quarterly journal is about being published in Germany, in the Latin language, under the title of *Acta Medico Chirurgica totius Germanicæ*; the object of which is to present, in a form adapted for readers of all countries, the discoveries and improvements in medicine and surgery made in that country, as they may be collected from periodical publications and other sources. The publishers set forth in their prospectus, which is expressed in the same classic medium, that inasmuch as medical men of other countries are for the most part deterred by the difficulties of the German language from rendering themselves capable of appreciating its literature, and are thus shut out from partaking of the benefits conferred upon science in that country; the present work is intended to supply this defect, and to make these treasures, now attainable only by a few, the property of the literary and scientific in all countries.

We are not aware that any work precisely on the plan above mentioned exists at present in any country. The learned Academy of Sci-

ences and Belles-lettres at Berlin published their transactions in the French language, probably for the reasons which induced the present undertaking, until the year 1797; since that time, however, they have appeared in German. We also received not long since, as the reader will remember, a small volume of Danish medical transactions, in the Latin language, published under the superintendence of our learned friend Dr. Otto, of Copenhagen, which proved somewhat easier reading than a Danish periodical which came in the same package. A medical journal, however, in the language of Celsus, is, we believe, a new phenomenon in the scientific world. We sincerely hope the success of the publishers will be commensurate with their patriotism and their zeal for the diffusion of medical knowledge.

OLD REMEDIES IN INFLAMMATION.

IN a late report of cases which occurred in the Hôtel Dieu at Paris, is mentioned the wonderful effect which resulted from the employment of nauseating doses of tartarised antimony, and from the use of sinapisms to the feet, in severe cases of pneumonia, in which repeated venesection had failed to give entire relief. In one case particularly, where the disease had continued for a week, and in which alarming indications of subsiding strength had manifested themselves, the employment of this kind of counter stimulant was followed by the most decided and permanent benefit.

Whole number of deaths in Boston during the fortnight ending Sept. 4, 40. Males, 19,—Females, 18. Stillborn, 3.

Of canker, 1—canker in the bowels, 2—cholera, 1—cholera morbus, 1—consumption, 3—convulsions, 3—decline, 1—dropsy, 1—dropsy on the brain, 2—drowning, 2—dysentery, 3—fever, 1—infantile, 3—inflammation of the liver, 2—measles, 1—mortification, 1—&c.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures commences on the first Thursday of September, and continues fourteen weeks. Medical degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for Medical Degrees begins on the Wednesday preceding the close of the Lecture Term. Dissertations must be lodged with the Dean of the Faculty at least four weeks before the Commencement. The Trustees have made ample provision for the accommodation of Students, and are completing the advantages for a thorough and complete medical education. The Lectures will be delivered by

H. H. CHILDS, M.D. Theory and Practice of Medicine.

S. W. WILLIAMS, M.D. Medical Jurisprudence.

S. P. WHITE, M.D. Theoretical and Operative Surgery.

C. B. COVENTRY, M.D. Materia Medica and Obstetrics.

W. PARKER, M.D. Anatomy and Physiology.

C. DEWEY, M.D. Chemistry, Botany, and Natural Philosophy.

Matriculation Ticket, \$3. Lecture Fee, \$40. Graduation, \$12. Library, \$1. Board, including washing, lodging, and room, \$1.75 a week.

By order of the Trustees,
S. M. McKAY, Sec.

Pittsfield, Mass. July 26, 1830.

Aug. 10—5t.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women

and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

July 6.

12t.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from healthy subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

A Treatise on Surgical and General Anatomy. By WILLIAM E. HORNER, M.D. In 2 vols. 2d edition, revised and corrected.

PRIZE DISSERTATION.

FOR sale, at the Office of the Medical and Surgical Journal, a few copies of the numbers containing Dr. Caldwell's Prize Dissertation.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

Vol. III.]

TUESDAY, SEPTEMBER 23, 1830.

[No. 33.]

I.

DIVISION OF THE SUBMAXILLARY AND
OTHER NERVES.

THE following note from a distinguished Scotch surgeon, extracted from the last number of a London periodical, will not be without interest to our chirurgical readers.

To the Editor of the Medico-Chirurgical Review, London.

Sir,—I observe in your fasciculus for February last, the description of an operation performed by Dr. Warren, for excision of the submaxillary nerve, extracted from the Boston Medical and Surgical Journal. This mode of operating appears truly formidable, and is probably that which the late Dr. Haighton had in view, when he pronounced the division of this nerve impracticable.

A much simpler, safer, and easier mode of accomplishing the division of this nerve, where it enters the canal of the inferior maxillary bone, is, to make an incision, with a scalpel, from within the mouth to the extent of an inch, through the mucous membrane and cellular tissue connecting the pterygoideus internus muscle, to the ramus of the bone, parallel and close to the inner or mesial surface of the coronoid process immediately behind the dens sapientiae; then to take a round-shaped gum lancet, and carry it backwards in a line continuous with the crowns of the

molar teeth, having the cutting edge at right angles to the bone, and divide the nerve on the bone. The pain experienced on the division of the nerve, at once, indicates that the proper organ has been cut. As the internal maxillary artery ascends to the bulbous process of the superior maxillary bone, it cannot be wounded, excepting through ignorance or carelessness; but, even if it were, a piece of dry sponge might be easily inserted to stem the hemorrhage. The gustatory branch of the nerve could scarcely be injured. The dental artery must be wounded, but this is so small as to be of no moment, and, if morbidly enlarged, dry sponge would compress it. I have now performed this operation on four patients for neuralgia of the mental nerve, with perfect success, having previously attended to the chylopoietic viscera, and then tried the various antispasmodics and subcarbonate of iron; also the different counterirritants, even the moxa, and lastly, the division of the nerve as it emerges at the mental foramen. Or, according to your own showing—"after the local symptoms, from morbid associations or changes of structure, had continued after the constitutional derangement from which they originally emanated had been rectified—and the consequence had survived the cause." My first case was published in the *Edin. Med. and Surg. Journ.* for Oct., 1821.

Thus there would appear to be a material difference between the division of the trunk of a nerve, where it is protected from the vicissitudes of atmospheric influence by muscular and other soft coverings, and the division of the same nerve, where it is exposed to the alternations of the weather, as far as relates to the permanent salutary result. It is well known, that, in neuroma supervening to amputation, the excision of the tumor or tumors proves a more permanent or radical cure than a secondary amputation; also, in neuralgia following the same operation, excision of the nerves does the same, and evidently in consequence of excision preventing the interesting junction of the nerves, as well as the production of the numerous delicate filaments supplying the cicatrix of the stump. This has been satisfactorily described by Larrey in his late valuable work, "*Clinique Chirurgicale*," and also by Descot, in his interesting "*Dissertation sur les Affections Locales des Nerfs*." For the same reasons, the excision of a portion of a nerve must be a more effectual cure than simple division of the same.

If this view of the operative department of the pathology of nerves be found to be correct, it would follow that the division of the infra-orbitary nerve, where it enters the osseous canal in the floor of the orbit, would prove more availing than its division at the infra-orbitary foramen on the cheek. This might be easily accomplished as follows:—Let an incision about an inch long, of a curvilinear figure, to correspond with the circular shape of the orbit, be made at the outer can-

thus of the eye, the centre of which shall be opposite the outer commissure or angle of the eyelids, or rather the superior margin of the zygoma. This incision is to be deepened by cutting close to the osseous wall of the orbit, until the instrument reach the spheno-maxillary fissure, when it is to be laid aside, and a round-shaped gum lancet inserted in the wound, with its cutting edge at right angles to the floor of the orbit, and the nerve divided as it runs in the osseous channel. In some, this is an open, while, in others, it is a shut or entire, canal; but, in all, the parietes are so delicate as to be easily cut across. A portion of the infra-orbitary nerve, at its emergence from the infra-orbitary foramen, could not be removed, in consequence of its division into so many minute filaments: neither could this be accomplished within the orbit.

The supra-orbitary or frontal nerve may be also divided within the orbit, nearly an inch from the superciliary ridge, by first ascertaining the superciliary foramen or notch, which is done by drawing a perpendicular line from the second bicuspid, at right angles to the area of the crowns of the teeth; secondly, by making an incision about the fourth of an inch parallel and close to the superciliary ridge at the foramen, through the integuments, orbicularis palpebrarum muscle, and ligament of the superior tarsus; thirdly, substituting for the straight bistoury or scalpel, a probe-pointed bistoury, which is to be inserted deep in the orbit close to the bone, and with which the nerve is to be divided by cutting upwards on the bone, in the direction

from the inner to the outer canthus, carefully guarding against injuring the superior oblique muscle on its inner or mesial aspect. A portion of this nerve may be excised either within or without the orbit : within, as just directed, combined with searching for the nerve at the superciliary foramen, and, after its division, seizing hold of it with the dissecting forceps, and removing the insulated or detached part. As it sends off minute filaments, on its emergence from the orbit, the removal of a portion without the cavity, would not hold out a prospect of so permanent a cure.

JOHN LIZARS.

Edinburgh, 34 North Place.

24th April, 1830.

II.

FEVER OF THE CRIMEA—DEATH OF THE EMPEROR ALEXANDER.

WEBSTER, in his travels through the Crimea, Turkey and Egypt, gives the following account of the disease and death of this illustrious personage :—

The symptoms were, at first, those of a slight catarrh, followed by intermittent fever, which took place at Orickoff early in November, 1825. This in a few days became greatly aggravated, and it then assumed the form of severe remittent fever ; a disease which had been extremely prevalent in the Crimea, in the preceding autumn, and to which several strangers had fallen victims.

5th November (old style) Alexander arrived at Taganrog. The paroxysms of the fever occurred daily, till the 8th ; and as the emperor, during this time, refused to take medicine, or to submit to any treatment whatever, whilst the

symptoms continued more alarming, Sir James Wylie, the personal physician of the emperor, called into consultation the empress's physician, Dr. Stophregen. At this period the emperor had frequent attacks of syncope, but the affection of the head did not manifest itself till several days after. On the 13th, Sir James Wylie proposed to bleed his patient ; but he would not on any account submit to the operation : again, on the morning of the 14th, both the physicians, and also the empress, earnestly entreated the emperor to have some leeches applied ; but he still rejected the proposition with the greatest obstinacy and violence.

When Dr. Stophregen, on his first visit, told the emperor that he was distressed to see him so ill, he replied hastily, " Say nothing of my indisposition, only tell me how the empress is," (she being then affected with a disease of the heart, of which she died some months afterwards.) The emperor at the same time said to Dr. Stophregen, " Sir James Wylie believes me to be ill, and therefore wishes some other physician to consult with him ; and, as I am always very glad to see you, you may consult on my case together ; but do not trouble me with physic."

During the progress of the disease, the emperor obstinately refused all kind of medicine, with the exception of a single dose of calomel ; and in the whole period of the case, notwithstanding all the entreaties of the two physicians, and the prayers of the empress, he would take nothing further. In consequence of which, and as he was in great danger, from all the symptoms rapidly getting worse,

the priest was now proposed to him, and accordingly he was brought late on the 14th. On this occasion, Sir James Wylie was called into the sick room by the empress, for the purpose of informing his majesty that he was in a dangerous state; and since he would not on any account submit to medical treatment, the emperor was therefore urged to think seriously about employing spiritual aid, so long as he retained his senses.

No objection was made to this proposition, and, at five o'clock in the morning of the 15th, he was confessed. At this melancholy ceremony, his majesty requested the priest "to confess him as a *simple* individual, and not to consider him as an emperor;" after this he took the sacrament; and the confessor, like a sensible man and a Christian, urged him strongly to employ medical aid, saying that, unless he did so, he had not entirely fulfilled his whole Christian duty. The illustrious patient, through this reasoning, now consented to the application of leeches to the head; but it was too late, and the following morning the emperor became completely insensible. At this hopeless point of the disease, it was accidentally mentioned to Sir James Wylie, by General Diebitch, who was then chief of the staff of the emperor, that an old man named Alexandrowitch, a practitioner in surgery at Taganrog, had cured some one affected with the same complaint as his majesty; upon which Alexandrowitch was immediately summoned, in order to answer inquiry into the fact. On his arrival, he seemed thunderstruck at the desperate state of the emperor, and said the case alluded to was quite

different from his majesty's; for whom, he was compelled to confess there was no remedy; and the fatal result soon followed.

Sir James Wylie observed, if a case of *lèse majesté* was ever lawful, it would be on an occasion like the present, where a medical man would be perfectly justified in compelling his sovereign to act contrary to his own express commands, and submit to what was for his benefit and restoration to health.

After death, the body of the emperor was examined. The only appearances found were two ounces of fluid in the ventricles of the brain, save that the veins and arteries of the head were gorged with blood; and an adhesion existed between the membranes of the brain at the posterior part, which appearance had resulted from inflammation at some remote period. Nothing further was observed, excepting in the abdomen, where the spleen was soft and enlarged, which is a very common occurrence in fevers of the country. It is therefore probable, had treatment been allowed, life might have been saved, as no decided morbid changes of structure had taken place.

The emperor did everything possible to augment the fever and aggravate the disease. Nor would he even submit to have the common offices required for all sick persons performed to him, but would get out of bed when so feeble that he could hardly make his way back again; he also talked much, and would not remain quiet.

III.

DR. KING'S CASE OF CALLOUS STRICTURE OF THE RECTUM.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—If you think the following case worth publishing, it is at your service.

On the 28th of July, 1829, I was called to visit Mrs. E. H., æt. 28, then in the seventh month of her first pregnancy. In addition to the complaints incident to her condition, she complained of constant pain in the region of the sacrum, extending to the loins. This pain, though generally obtuse, with a sense of weight, was often acute and severe. Bowels unusually costive. Had no dejections without the use of cathartics. Pulse about 100; had considerable nausea; some thirst; temperature somewhat increased. She informed me that it was about two months since the commencement of the pain in her back. Confined herself mostly to a recumbent posture, as standing or walking increased her pain. Bled her, and ordered ol. ricini every other day, in quantity sufficient to obviate costiveness, together with the daily use of sup. tart. potassæ. Saw her again Sept. 1st. Pain in the region of the sacrum continued. Costiveness very obstinate; often passed eight or ten days without a stool; nausea almost constant; vomited frequently. Gave effervescing mixture, Ess. Menth. pip., etc., to check the vomiting. Gave calomel, followed with sulph. magnesia, to move the bowels. The salts to be repeated *pro re nata*. Gave ext. hyoscyami in three-grain doses, to be repeated twice daily, to relieve the pain

in the sacrum. Betwixt this time and the 14th of October, the day of her confinement in childbed, I saw her several times, and ordered a variety of laxatives and anodynes suited to her condition; and having ascertained that there was no hemorrhoidal affection on which her distressing symptoms might partially depend, I was led to the hope that parturition would put a period to her sufferings: but in this I was disappointed. On the 14th of October, she was delivered; yet her pain, costiveness, and other distressing affections, continued without mitigation: but, as she had a great aversion to medicines, and now relied on the unassisted efforts of nature to restore her to health, she took nothing except cathartics occasionally. I saw her but seldom, and she suffered much. About twenty days after her confinement, a distressing tenesmus occurred, attended with frequent, small, bloody stools, and some tumefaction of the abdomen. Gave her opium, calomel, and ipecac., in alterative doses;—ordered enemmas of mucilage, and tinct. opii;—directed a blister to be applied to the sacrum;—gave ol. ricini and other cathartics, in large doses, to move the bowels. By these means, the tumefaction of the abdomen was reduced, the tenesmus removed, the pain mitigated, and the stools become more natural; yet the bowels remained soluble no longer than the operation of laxatives continued. Constipation, nausea and vomiting returned; and having for a long time suspected an organic affection of the rectum, I now made known to her my opinion, and proposed an examination *per anum*, which, through exces-

sive modesty, she declined. She afterwards consulted one or two other physicians, who, unsuspecting of the primary organic affection upon which her constipation depended, advised the constant use of strong cathartics.

I again called to visit her, on the 23d of March, 1830. I found that her alvine evacuations had diminished in frequency and quantity. Her stools, during three months previous to that time, had consisted of small quantities of liquid matter, often bloody, and passed at intervals of from five to ten days. The abdomen had become much enlarged, and she had had no dejection for ten days. Gave her ol. croc. gtt. iij., and directed the oil to be repeated twice, in doses of gtt. ii., at intervals of six hours, if necessary, to produce evacuation. Directed enemias.

March 24th.—No evacuation; vomited much; distension of the abdomen increased. Gave effervescent mixture and calomel; directed fomentations to the abdomen, and a clyster, to consist of a solution of antim. tart. gr. x.

March 25th.—Bowels remained unmoved; vomited often; pulse 110. A distressing borborygmus had continued for several days, together with a painful periodical contraction of the abdominal muscles, somewhat resembling travail pains. Her nurse now informed me, for the first time, that the clysters were not retained. I resolved to proceed no farther until I had examined the rectum, in which I suspected the primary cause of all her complaints to be seated. On examination *per anum*, at the distance of about two and a half inches from its external orifice, I found the cali-

bre of the rectum wholly obstructed by a tumor, which appeared to consist of a morbid thickening of its parietes. It felt hard, firm, and unyielding. A kind of apex descended six or eight lines into the intestine, somewhat resembling volvulus. In the centre of this mass was an indentation sufficient to admit the point of the finger, completely closed above, and having a semi-cartilaginous feel. Above this point I imagined the obliterated cavity of the intestine to have been situated. Through the soft coats of the rectum below, could be felt the same organic mass surrounding the intestine exteriorly. The greatest portion of this tumor appeared to be situated on the anterior part of the rectum.

On examination *per vaginam* the same morbid enlargement was felt, and the cervix uteri seemed firmly adherent to the intestine by means of the tumor. Having now satisfactorily ascertained the cause of the unyielding constipation, I discontinued all medicines, informed the family of the dangerous condition of my patient, and requested a consultation. Accordingly, Dr. Johnson, of Kingston, was called, and saw the patient with me. After sufficient examination and consultation, we were each of us of opinion that the further use of medicine was improper, and that death must inevitably ensue. Every hope had now fled, and our patient was given up to her nurses, to wait her dissolution; yet the vital principle, reluctant to quit its tenement, lingered, as it were, on the confines of existence. Day after day passed, and yet the breath of life remained; and hopeless as her condition was, it seem-

ed to demand a renewal of our efforts. The distance at which the tumor was situated from the anus, the morbid attachment of the rectum to the contiguous parts, and the unknown extent of the disease, forbade the thought of extirpation. One solitary shadow of hope alone remained. If the mass of tumor obstructing the intestine could be perforated, the opening might be dilated, through which the incarcerated contents of the bowels might be discharged. But how far this tumor extended up the intestine could not be ascertained. The success of such an undertaking appeared doubtful; and if a momentary relief could thereby be obtained, the disease would probably terminate fatally at last. These considerations induced me to delay the operation, until she had passed twenty-eight days without any kind of stool. At this period, having suggested my plan to my patient and her friends, and they consenting, I resolved to attempt a perforation of the obstructing mass. Having placed the patient on her left side, I introduced the index finger of my left hand to serve as a director; upon which I introduced the head of a small silver probe, which I directed to that part of the tumor in which I supposed the obliterated canal to have been situated. After pressing steadily and firmly upon the instrument for some seconds, I found that it entered the obstructing mass, and, increasing the pressure, carried it nearly three inches in the direction of the calibre of the intestine. This probe being now withdrawn, another of a larger size was next introduced in the same manner. A catheter was next passed through the perforation. A metallic canula, about six inches in length, and in size and shape resembling a fistula enema, was next introduced, when, to my great satisfaction, I found that the flatus of the bowels escaped through the canula. By this means, the volume of the abdomen became suddenly reduced and the patient much relieved. Some hemorrhage followed. Enemas were next used, by means of the canula, and the feces passed off involuntarily through the opening. From this moment her most distressing symptoms were relieved; she became able to take food; and a lingering ray of departed hope again shed its feeble glimmerings upon her couch. Supposing this to be a case of scirrhus rectum, I ordered mercury and cicuta ext., in alterative doses; directed an enema daily, to consist of lime water and mucilage; and made use of bougies to dilate the stricture. But the extremely irritable state of the stomach soon induced the patient to decline taking her medicine, and the enemas and bougies were soon laid aside. My patient and her friends now relied on the efforts of nature to complete a cure which they erroneously supposed to be fast progressing, and for a time all medicines, except occasional laxatives, were discontinued. Having been unable to procure any kind of dejection for ten or twelve days, about the first of June I was again called upon; and having ascertained that the intestine had become a second time impervious, and the mass of tumor increased, it was found necessary to remove the obstruction in the same manner as described in the first instance. By these means,

the bowels were again relieved. Mercury, cicuta, bougies and enemas, were again directed, but their employment was never faithfully persisted in. From this time to the 14th of August, the day on which she died, her distress gradually increased and her strength declined. Her bowels were seldom relieved except by mechanical means, and then her stools consisted principally of a fetid bloody mucus, which drained off involuntarily. During two months, she took very little medicine except opium in moderate doses, and no material change took place in her symptoms, until at last, extremely emaciated, exhausted by irritation and worn out with suffering, she expired.

Eight hours after death I opened the abdomen. The large intestines were found enormously distended with gas; some part of the colon was four inches in diameter; traces of inflammation were variously discoverable from its great arch to the sigmoid flexure, at some points of which gangrene had taken place; and one or more small foramina, through the sphacelated coats of the intestine, were observed, through which there was a sanious oozing into the cavity of the abdomen. On opening the pelvis, the urinary bladder exhibited traces of previous inflammation, and had formed some slight morbid adhesions. The rectum was found adhering firmly to the sacrum. After detaching it from its connections, I discovered a firm irregular belt, about three inches in width, surrounding the intestine exteriorly, at the distance of about two and a half inches from the sphincter ani. On laying the rectum open longi-

tudinally, a firm semi-cartilaginous mass was found to fill its calibre to the extent of about one inch and a half, above which the diameter of the intestine was irregularly diminished, and up to its termination in the colon its coats were morbidly thickened, and in a state of chronic inflammation. Immediately above the stricture, the cavity of the intestine presented a ragged appearance; its villous lining appeared to be removed, and some appearance of ulceration was discovered. The stricture was not now completely impervious; for a spontaneous ulceration, or the great acrimony of the fluid confined above, had produced such a solution of continuity as to form a blind fistulous opening, of a size sufficient to admit a small goose quill, through which a mixture of excrement, mucus, blood, and probably pus, continually oozed. Some part of the tumor had a cartilaginous appearance, and a slight crepitation from ossific matter was in some part discovered: The intestine below the stricture was free from disease.

Yours, &c. DAN KING.
Charlestown, R. I., Aug. 20, 1830.

IV.

DR. PARSONS' PRIZE DISSERTATION.

*To the Editor of the Boston Med.
and Surg. Journal.*

SIR,—We have read with pleasure the Prize Dissertation of Dr. Parsons, of Providence, R. I., which appeared in Nos. 27 and 28 of your Journal; and while we would give our unqualified assent to the soundness, in general, both of its physiological and pathological doctrines, as well as

to the known merit of its author, yet we cannot forbear mentioning one particular in which we think the Doctor is mistaken, and which, if uncorrected, might lead to erroneous physiological views.

The error, or oversight, to which we allude, will be found on the 1st page of the above-mentioned Nos. of your Journal, and regards more particularly the influence which the ingestion of food has in modifying the vascular action of the chylopoietic viscera.

After noticing the influence which the laws of vitality exert in maintaining the connection and harmony of the several components of organized bodies, and the power exerted by one organ or tissue over the actions of others, the Doctor proceeds:—"This consent of action between parts is clearly displayed in the organs designed to aid in replenishing and nourishing the human body. The brain, through the medium of the first pair of nerves, takes cognizance of savory food proper for nourishment;—the salivary glands pour out a fluid to moisten it, which is increased when the substance is introduced into the mouth, and still more when the jaws are put in motion to masticate it. The complicated mechanism of deglutition acts,—the exhalant arteries of the stomach are excited by its presence within that organ;—the whole sanguiferous system receives the impression, and the blood retires FROM the central organs!"

Now, in my view of the subject, this doctrine is incorrect. I conceive that on the introduction of food into the stomach, a demand is imposed on that organ, and that this demand, especially after a hearty meal, or in

weakly individuals, is felt to the remotest parts of the sanguiferous system, and manifested more particularly in a cool atmosphere, by chilliness, torpor, and a desire of repose.

Thus nature is evidently called on for assistance; and how is it supplied? By that wise economy that ever presides over all her works, and ministers to their preservation and necessities; for the arteries of the stomach, having their capacities enlarged by the expansion or straightening of its corrugated parietes, the ingress of blood is facilitated, and the stimulus of distension operating, a centre of influx is formed, and the arterial blood, instead of retiring *from* the central organs, as stated by our author, flows directly TO them, in quantities proportioned to the demand, and supplies their exhalant vessels (especially of the stomach) with the pabulum of that exhalation which is to moisten, subact, and assist in animalizing, the undigested materials it may contain.

The blood of the general system, therefore, which, in obedience to an established law, has flowed to particular parts with a view *indirectly* to administer to the common demands, retires from them only when that end is accomplished. And accordingly we find that the pulse at the extremities is less full after a hearty meal, although, from the stimulus of distension and consequent excitement, its frequency may be increased.

As soon, however, as the chyle passes into the circulation, and the central organs, having performed their function, cease to demand further assistance, and fall, as it were, into repose—then

it is, and not till then, that the blood may be said to retire *from* the central organs ; and then it is that the general system may be said to participate in that sustaining and invigorating repast, which its local and temporarily increased actions have catered for its use.

Yours, &c. MEDICUS.
Newport, R. I., Sept. 7, 1830.

V.

OPIUM IN CHOLERA, DYSENTERY AND DIARRHŒA.

For the Boston Med. and Surg. Journal.

MR. EDITOR,—I have heretofore treated of cholera in children ; the following remarks are on the same complaint in adults.

A grown person may take large doses of opium for two or three days, without much inconvenience ; while a child can hardly take opium, without cathartics, for twelve hours, without producing great distress. This distress is chiefly owing to constipation, which children are unaccustomed to. The bowels of children, like their pulses, move much quicker than those of adults. This belongs to their age, and nothing but time and custom can alter it.

In the onset of a severe cholera, in the mighty rush of the fluids upon the stomach and bowels, perhaps it is best to do nothing, at most, only to supply drink and a free air. In the beginning of the disease, the system sometimes appears to be incapable of an impression from any substance in nature ; life seems to be unable to bear any other weight than the disease. Nature seems to be discharging the whole mass of the fluids, as if they were too

great a stimulus : the stomach resists the weight of the blandest fluids ; and we must wait for a remission ; since there are always some remissions in this disease, although the patient dies, and often intermissions both of the pain and of the discharges. This forcible discharge of the fluids might seem, at a first view, to indicate a depleting course ; but as this discharge, when not controlled, often carries off the patient, if any substance can be found, as opium, which can make a salutary impression and so cut short the discharge, I think we are bound to give it at the earliest intermission. We have no positive reason for supposing the stimulus of the fluids to be the cause of the disease, but, since the disease can be controlled by opium, that the disease is the cause of the discharge of the fluids. With this view of the subject, I have, for the three years past, waived all *diluting*, and given a pill of two and often three grains of solid opium, on the first intermission or remission of the violent discharges. If the pill is immediately thrown up, it can generally be seen, and another pill given ; and repeated, if thrown up again. I think a pill more sure to stay down when dissolved in the gastric juices, than if it were previously dissolved in spirits. Where it cannot be ascertained whether the first pill is thrown up or not, a pill of one grain is given every hour until the opium takes possession of the system. We are never safe until this is accomplished. After the first doses take effect, a pill of two grains may be given once in four hours, until a perspiration appears. A cathartic should not

be given until the second day, and always while under the influence of the opium. Castor oil is the best cathartic ; but an ounce of the tincture of rhubarb, or of the elixir salutis, with twenty drops of laudanum and a spoonful of molasses, is often a more agreeable dose. I think it by no means so good for children, though I have once or twice given it where the oil had been long continued and excited nausea. It requires a larger dose to operate upon the bowels while the system is under the influence of opium ; but I am confident there is always danger in waiting until the effect of the opium has ceased, before procuring an evacuation. We should give a cathartic just as we should to relieve an ordinary constipation.

Many a patient, I believe, has been lost by the common theory of *thoroughly diluting*, before venturing upon opium ; or, which is the same thing, that time has been often lost in which a salutary impression might have been made. A cholera mild in the beginning will often grow worse, so much so that no impression can afterwards be made by opium. An emetic sometimes, though rarely, makes a good impression. The direful acrimony ascribed to the discharges in cholera, as also in dysentery and diarrhœa, is proved to be no objection to my course, by the fact *that all writers upon the subject recommend the immediate use of opium, when the disease is alarmingly severe ; that is, when the discharges are the most acrid and destructive, and when diluting would seem to be essential.* Why afraid of opium in common cases, if it is the sheet anchor in severe ones ? The giving it the first of

anything in severe cases, cannot be considered a choice between two evils, since the diluting plan, if the disease is owing to the acrimony of the discharges, must be the most efficient. And what becomes of all the acrimony, when we succeed in stopping the discharges by opium ?

It is almost useless to speak of *food* in the cholera of grown people, since the disease is commonly so short ; and the stomach is in no state to receive much, if any. Boiled milk is as agreeable as anything, and perhaps as well suited to the stomach and bowels. For *drink*, water is most certainly preferable to all others, for reasons already given in a former paper.

Conceiving the dysentery and diarrhœa of grown people to be essentially of the same nature with cholera, I have treated them in the same way, and with peculiar success. I commence the treatment of dysentery and diarrhœa by giving a two or three grain pill of opium, according to the severity of the pain, and repeat the pill of two grains once in four hours, and sometimes once in three hours, until sleep and perspiration are produced, or until all the gripings and discharges are prevented. In ordinary cases, no more is necessary to a complete cure than the administration of the opium, the water, and boiled milk ; even cathartics may be dispensed with. But when a cathartic is necessary, it should not be given until the second day, and then while the system is under the influence of the opium. Indeed, the opium should never lose its hold of the system until the disease is cured. This mode of treatment, I believe, will

make chronic cases of diarrhœa and dysentery extremely rare ; and those, in our climate, are the most fatal.

There is a kind of superstitious fear about opium, from its being so often used as an instrument of self-destruction ; which has prevented a very close attention to its peculiar and salutary effects. There is also a mistaken notion very prevalent with respect to its tendency to excite fever. Hence the idea of a *sedative* cause of typhous fever. But the symptoms which opium produces are by no means those of fever. "*Prostration of the powers of the body and of the mind*" is not produced by opium ; neither is *wakefulness* (another striking character of fever), but its opposite, sleepiness, excepting in some rare cases ; neither is a small, weak, and quick pulse, or, as Cullen has it, *parvus, debilis, frequens*, produced by opium. Opium increases heat and creates thirst, and checks all the secretions but that of the skin, and even this for a short time ; but anon the skin is relaxed, a perspiration produced, and the heat and thirst and consequent drink all seem admirably to conspire to throw off cholera, dysentery and diarrhœa. Even the nausea and sickness at the stomach which the opium sometimes occasions, only tend to relax the skin and coerce a perspiration.

The heat which opium produces is apt to create alarm ; but it appears to me that heat is not an alarming symptom in scarcely any disease. It certainly precedes all great and salutary crises in fevers, as well as in many other diseases. Life comes into existence under a greater degree of

heat than the system is ever after able to support in health : and the renovation of diseased parts is very much like the first formation of the animal.

In the resolution of inflammations by cold applications, and in the cure of fevers by cold affusions, it appears to me that something more is done than the simple abstraction of heat ; because warm applications and warm affusions often produce the same effects. In stillborn children, and in drowned persons, we fly to heat for a restoration of life, as if heat had the nearest relation to life of any other element in nature. In cholera, dysentery and diarrhœa, there is most evidently a deficiency of heat, or a debility in the powers which produce it. In these diseases, the extremities are cold, while the vital parts are warmer than usual ; as if the whole power of generating heat were expended there to support life. Heat, therefore, may be an essential condition in the cure of these diseases, and of many others.

Yours, respectfully,

DAVID B. SLACK.

Providence, Aug. 26, 1830.

VI.

CHRONIC DYSENTERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your number, 3d of August last, is published an interesting account of a case of dysentery of three years duration, first reported for the Cincinnati Medical Journal, by Dr. Bard, of Troy, Vermont. The cure was stated to have been accomplished by a mucilaginous diet, with the blue

pill, and such occasional depletion as the symptoms might call for. A somewhat analogous case has recently come under my observation, with the same happy results; but the method of treatment was different.—Capt. G., of Quincy, æt. 29, during a voyage round Cape Horn in 1827, contracted a severe dysentery at Lima or Valparaiso, which resisted all remedial efforts, notwithstanding he had solicited the advice of the best medical authorities of that country, and of the surgeons attached to the American and French Squadrons stationed on that coast. Having a vigorous constitution, he survived the acute attack of the disease, but it gradually assumed the chronic form of dysentery. He informed me the alvine evacuations were from six to twelve in number daily,—exhibiting a muco-purulent, sanguineous appearance; little or no appetite, emaciation, great debility, and depression of spirits. In this situation, he returned to the United States in January last. Medical advice was resorted to at New York, but with only a temporary alleviation of the symptoms. At length he was advised, by a French gentleman of that city, to pursue the following mode of treatment,—giving him the strongest assurance of a

speedy cure, if he complied with his directions. He was directed to subsist altogether on a farinaceous diet, consisting of equal parts of boiled arrow root and milk. To pour, on 30 grs. of pulv. ipecac., half a pint of boiling water; suffer it to stand twelve hours, and drink the clear liquid, avoiding the sediment, at first rising in the morning. On his return to Quincy, he was induced to make trial of the above remedy. He did so, and every symptom of the disease disappeared in a few days; and from that time to the present he has enjoyed good health. He had occasion to make use of the cold infusion of ipecac. but once. He experienced, soon after drinking it, a slight nausea, vomiting, and purging; but these continued only a few hours. What particular efficacy this preparation of ipecac. possessed over any other in the cure of this disease, I am unable to say, or offer any opinion. The evidence is incontestible, that, conjoined with the diet, it had the effect of changing the morbid secretion of the mucous coat of the intestines to a healthy secretion, and consequently of removing the disease.

Yours, respectfully,

WM. B. DUGGAN.

Quincy, Sept. 12, 1830.

BOSTON, TUESDAY, SEPTEMBER 28, 1830.

CITY BURIAL.

It is proposed in London to prevent, by legal enactment, any future burials within the city. This proposition is the result of a persuasion, on the part of the faculty, that the accumu-

lated piles of animal matter, in various stages of putrefaction, in the several places of sepulture, are the source of a noxious effluvia which is regarded as a serious nuisance by all who reside near or pass by such de-

positories; that, on considering the increasing population of the city, and the large reinforcements annually received by these sources of noxious miasm, there is reason to apprehend from them consequences serious to all and extensively fatal; that the hankering after a city burial is a folly, if not an indulgence of a wicked kind of ambition; and that to encourage this *weakness* on the part of the people, is totally inconsistent with the avowed sentiments of those who would facilitate the means of anatomical dissection.

It is well known that the origin of that beautiful and celebrated burial place, Pere la Chaise, was a conviction, like that above alluded to, on the part of the French government, and an enactment which forbids interments within the city. Had not that measure been adopted, what would be the present condition of the French metropolis? Who can tell how extensive might, and probably would, be the ravages of typhus, which now so rarely visits that city, crowded and careless of filth as it is? Who will presume to calculate the amount of moral and physical suffering which has been prevented, of human life which has been preserved, by that salutary edict. For ourselves, we would have every city which is destined to be populous, commence early this measure of prudence and wisdom. We would gladly see some elevated and spacious site, in the immediate vicinity of our own metropolis, converted into a burial place for all, without exception, who die within its precincts. All populous towns come to

it at last, and too often after deposits of human remains become so numerous as to be unavoidable sources of noxious effluvia. It is the part of wisdom to adopt such a measure in the early history of every place marked out by unfailing signs as the future residence of a dense population.

The origin of church sepulture, and the true light in which it should be viewed, are clearly set forth in the following remarks of an English contemporary.

“Our numerous parish churches and chapels of ease present so many centres of attraction: they encourage and foster that hankering after the vicinity of sacred edifices as the most eligible site for interments, which had its origin in what are usually considered more superstitious times than these. Traditionary customs, and old habits and associations, have perpetuated the practice—we adhere inveterately, in this respect, to one of the most absurd usages of our ancestors: one of those weak things which every one condemns in theory, whilst he practically persists in it.

“It is not difficult to trace the origin of this custom in Christian countries:—the great object was, as is well known, to secure the ‘mortal coil’ from the machinations and disturbance of evil spirits; and what place could better ensure this than the holy precincts of the church? There they accordingly had themselves interred; but in process of time, not content with this degree of proximity, a rivalry of procedure arose—a jealousy of place—an ambition beyond the grave—and at last they succeeded in making their way good into the sacred edifice itself. The rank of the individual, when alive, was still asserted by him in his tomb—he was still capable of enjoying his privileges, and claimed a

nearer right of approach to the altar. The dignitaries and officials of the church, too, inculcated, by their example, the propriety of the proceeding: as if *they* had really anything to fear, or wanted this protection, none insisted upon their prerogative of inviolate entombment with more holy zeal than these pious ecclesiastics. To the eternal honor of St. Swithin's good sense, however, it is recorded, that, with the most disinterested humility, or bold defiance of the evil one, he declined being buried within the walls of his own cathedral: it was his wish, it is said, to evince his sense of his own demerits, by permitting his grave to be trampled on by the feet of the profane; and accordingly he who could command the horns of the altar, chose to lie, with humble-minded modesty, beneath the open canopy of heaven."

PUNCTURE OF LIMBS IN DROPSY.

THE superiority of puncturing over the more common method of scarification, in order to allow the water to escape in dropsy, was strikingly illustrated in the case of the late King of England. The incisions made by the scarifications are much more apt to inflame; and wherever this occurs, the tumefaction and effusion about the edges of the wound, obstructs the passage of the water, even if no danger is induced from the inflammation itself. The method adopted in the case of the illustrious patient before mentioned, and which afforded the greatest relief, consisted in making numerous minute punctures, with five round needles, in the most distended portions of the integuments. From these almost invisible apertures not less than 24 pints of water escaped.—The means adopted of ascertaining the exact

quantity, was that of weighing the linens when applied, and again when taken off;—the difference, of course, gave the amount of liquid they had absorbed.

Syphilis cured in an Infant by Mercurial Frictions applied to a Goat that suckled it.—Dr. Veré Delisle lately communicated a case to the Académie Royale de Médecine, in which a woman, three months after delivery, contracted a syphilitic disease, characterized by ulcerations on the inside of the labiæ, and a gonorrhœal discharge. The child whom she suckled was soon affected with venereal pustules and ulcerations round the anus. It was now made to suckle a goat; and, the inside of the thighs of the animal having been shaved, two drachms of mercurial ointment were rubbed in every other day. The child was cured in a month.—*Arch. Gén.*

Lives of British Physicians.—A small volume, bearing this title, forms one of that interesting and useful series entitled "The Family Library." It is said to be a very correct and impartial account of physicians of all classes who have flourished in England and Scotland, and is written in an easy and agreeable style.

There is no member of the Medical Profession in the British Parliament.

Dr. Benjamin Lincoln, of this State, has been elected to the Professorship at Baltimore, vacated by the decease of the late Professor Wells.

Some of our correspondents must again grant us their indulgence for deferring their favors until next week.

Whole number of deaths in Boston during the fortnight ending Sept. 17, 45. Males, 25,—Females, 21. Stillborn, 1.

Of cachexy, 1—canker, 1—cholera, 4—consumption, 10—convulsions, 1—burn, 1—croup, 3—drowned, 1—dysentery, 5—hooping cough, 3—inflammation in the head, 1—infantile, 1—insane, 1—measles, 1—palpitation of the heart, 1—suicide, 2—teething, 1—throat distemper, 1—typhous fever, 2—unknown, 3.

ADVERTISEMENTS.

BOYLSTON MED. PRIZE
QUESTIONS.

AT the annual meeting of the Boylston Committee on Prize Questions, held on Wednesday, the 4th day of August, 1830, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Charles Caldwell, M.D., Professor of the Institutes of Medicine, &c. in the Transylvania University, Lexington, Ken. for a dissertation on the Question, "Whether Fever is produced by the decomposition of animal or vegetable substances; and if by both, their comparative influence?"

Another premium of the same value, was also awarded to Usher Parsons, M.D., Professor of Anatomy, &c. in Brown University, Providence, R. I., for a Dissertation, "On the connexion between cutaneous diseases which are not contagious and the internal organs."

The following Prize Questions for the year 1831 are now before the public, viz:

1st. "The History of the Autumnal Diseases of New-England."

2nd. What insects in the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?"

Dissertations on these subjects must be transmitted, post paid, to Thomas Welsh, M.D., Boston, on or before the first Wednesday of April, 1831.

The following Questions are now offered for the year 1832, viz:

3d. "What is the cause of *Fistula Lachrymalis*, and what is the best mode of treating the disease?"

4th. "What are the circumstances in which the drinking of cold water in hot weather proves injurious? What are the diseases which arise from this cause, and what is the best mode of treating these diseases?"

Dissertations on these subjects must be transmitted as above on or before the first Wednesday in April, 1832.

The author of the successful Dissertation on either of the above subjects will be entitled to Fifty Dollars or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied with a sealed packet, on which shall be

written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2nd. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connexion therewith.

GEO. HAYWARD, Secretary.

Boston, August 6th, 1830.

✂ Publishers of Newspapers and Medical Journals throughout the United States, are respectfully requested to give the above an insertion. Sept. 28.

ABERCROMBIE ON DISEASES
OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 183 Washington Street.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

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[No. 34.]

I.

MR. SYME AND M. ROUX ON EXCISION
OF DISEASED JOINTS.

From the Edin. Med. and Surg. Journal.

WE need not observe to our readers, most or all of whom must have perused the papers published on this subject in our journal by Mr. Syme, that, although the operation of excision of the joints of the extremities has been long known in surgery as a substitute for amputation, it has been little practised in this country till within these few years. The credit in which this operation now stands is owing in a great measure to the activity and success with which this gentleman has practised it on all suitable occasions. During his exertions to bring it into general notice here, it appears that M. Roux has been similarly occupied at Paris; and, therefore, although his experience of its safety and advantages is far from being so extensive, and is not altogether so flattering as that of Mr. Syme, we conceive it important to make known the results obtained by a foreign surgeon of such celebrity.

M. Roux observes, that, notwithstanding the frequent success obtained in France by MM. Moreau, father and son, and by M. Champion, the operation continues to be held in great disrepute among his countrymen, and that he believes he may safely assert he is the only surgeon in Paris who has

tried it often enough to be able to appreciate its difficulties, its inconveniences, and its advantages.

He considers that in all probability it will be right to abandon it entirely in respect to the joints of the lower extremities, and especially that of the knee; for excision here produces too much injury: there are too many accidents to dread. Once only has he performed excision of the knee, and that was against his own opinion, at the express desire of the patient, who expired in nineteen days. "Even when the operation is performed without the sacrifice of life, the preservation of such a limb will probably be more inconvenient in standing or walking than the timber leg used after amputation."

"But as for the arm—destined in man for so many noble and important purposes, and so useful even when it has sustained serious injury, or is more or less deformed, provided the hand be preserved entire—it is wrong not to attempt to derive all the profit possible from the excision of the diseased joints of such a member. At the elbow particularly it appears to present the greatest advantages; so that it is impossible to imagine why so many able surgeons prefer amputation. Undoubtedly excision of the elbow-joint, by which I understand the removal of the whole lower extremity of the humerus, as well as the upper end

of both bones of the forearm, is, if not difficult, at least laborious in its execution : fifteen or twenty minutes are scarcely sufficient for its proper performance. It leaves a very extensive wound, which suppurates abundantly, notwithstanding the greatest care to approximate and unite the flaps, which must be formed to reach the bones ; and to these objections it must be added that several months are required to complete the cure. But if the limb is preserved and restored in all its functions, and if life is not more, or rather is actually less, endangered than by amputation, are these advantages not abundantly compensated ? This compensation is satisfactorily established by the following facts, which, without being in themselves more curious or important than those for which the surgical art is indebted to MM. Moreau and Champion, are at least more recent, and, I may also hope, of a nature to carry conviction with them.

“I have performed the operation of excision of the elbow four times. The first was in 1819, the last a few months ago ; one in the right arm, and three in the left. Three of the patients were males, one of whom was 37, the two others 21 and 22 years of age ; and the fourth was a girl of nineteen. In all, the affection of the elbow was apparently of a scrofulous origin, and had attained a very advanced state of progress ; for the joint was greatly swelled and surrounded by many fistulous openings, and the operation exposed an extensive fungous degeneration of the cellular tissue, as well as disease of the articular ends of the bones. I shall not describe the special disease in each case ; nei-

ther shall I relate the method of operating, which was nearly the same in all, nor the ulterior treatment required for accomplishing the healing of the wound and preservation of the movements of the arm. My sole object is to state the definitive results.

“Of the four patients, one only died of the accidents immediately connected with the operation. The first dressings had been removed, and the wound several times dressed anew, and suppuration had commenced in the interior of the wound ; nay, several of the sutures for preserving the flaps in apposition had been also withdrawn, when hemorrhage took place from beneath the flaps. This returned repeatedly ; so that at length it became necessary to think of amputation, to save the patient's life. Perhaps I hesitated about it too long : death ensued in three days. In the three other patients there was not a single serious circumstance to complicate either the immediate or remote consequences of the operation ; life was not for a single moment in danger. The cure, indeed, was not accomplished so quickly as might have been desired ; occasionally, too, I dreaded a too abundant suppuration : it was also necessary to take measures against the retention and accumulation of pus in particular spots ; and although one of the three was quite well three months after the operation, on the other hand the two remaining patients did not recover entirely for eight or nine months. But ultimately the arm was preserved in every instance ; and in every instance its movements were partially recovered. Unfortunately, the patient I first operated on in 1819, was attacked with phthisis only a few

months after recovering the free use of the arm, and died of this disease—the seeds of which probably lurked in her constitution before the operation was performed. The two others, of whom one had the joint cut out two years, and the second three years ago, are at present alive and in perfect health, and follow their customary occupations at Paris. One is a grinder, and the other a mantuamaker.”

We shall leave the reader to compare the preceding extract with the results obtained by Mr. Syme, as detailed in his papers in this Journal, xxvi. 49, xxxi. 261, xxxii. 235, xxxiii. 233. It appears that of seven cases of excision of the elbow he has not lost one; that all have regained, or at the time of their dismissal were in the fair way of regaining, considerable freedom of motion in the arm; that of two cases of excision of the knee, one was recovering the use of the limb, while the other died of amputation, which was rendered necessary by the disease of the thigh-bone having been more extensive than was anticipated; and that in one instance the head of the humerus was cut away with the effect of forming a joint which promised to be useful.

Through the kindness of Mr. Syme, we have lately had an opportunity of examining three of these cases. One was the case of excision of the head of the humerus, related in our 26th volume. This woman we found actively employed in washing clothes, which fact might be alone sufficient to satisfy every one that the shoulder-joint is of great use to her. The humerus is, in fact, moveable in every di-

rection, and to nearly as great an extent as the natural joint. She has also the power of moving it freely and powerfully in every direction, except directly outwards from the body; and the joint is so strong that she can raise a pitcher of water in the hand of that side; but this is rather a greater exertion than she feels it safe to make habitually. The elbow-joint, and the joints of the hands and fingers, are as entire as ever. The shortening and deformity of the arm are very apparent when the shoulder is naked; but when it is covered, the arm might, on a cursory examination, be mistaken for a sound one.

The second case was one of the instances of excision of the elbow-joint. The operation was performed a twelvemonth ago. There is considerable freedom of movement, and the patient retains completely the voluntary power of bending the forearm; but has the power of extending it only in a slight degree. He can raise a heavy body with ease, can strike a straight-forward blow with considerable force, and preserves entire all the movements of the wrist and fingers. There is very little shortening of the arm.

The third case was the instance of excision of the knee-joint, mentioned in the 103d number of this Journal. There is still a small sore, with a trivial discharge under the new joint. This joint is in a state of slight permanent flexion, and admits of but trifling motion in any direction; but the motions of the ankle and toes are entire. On the whole, this case does not hold out much encouragement to practise the operation of excision of the knee-joint,

and Mr. Syme is inclined to form the same conclusion with M. Roux—that a timber-leg will probably be more useful than any leg which can be formed after the excision of the joint.

II.

OBSERVATIONS ON HYSTERIA.

From the *Lon. Med. Gazette*.

SIR,—“Qu'est ce que l'hysterie? quel en est le siège? quelle en est la nature?”—language used by the authors of “*Nouveaux Elémens de Pathologie*,” in the introduction of the subject, plainly intimating that our transmarine fellow-laborers, like ourselves, have hitherto been living, as it were, under a cloud with respect to the definite and scientific knowledge of this disease. Our old handmaid, sympathy, so ready at every beck to point out “short cuts” to the goal of pathological investigation, has frequently misled the traveller, and “the longest way round” has often proved at last to be the “shortest” and the surest path to pursue. What errors and perplexities have been entailed on hysteria in consequence of resting content with the assumption of an imaginary principle, for the production of its mazy phenomena, instead of searching out their haunts and “local habitations,” and so giving the disease something like a tangible nature! Uterine sympathy, smooth-tongued as the term may be, and reasonable as it may appear, is, however, mistrusted. Many think that, much as truly may be imputed to the uterus as the mainspring and fountain-head of hysteria, it behoves us to look farther—to more remote parts of

the system, for the seat of those various evils that concur in making up the sum total of the affection. M. Georget, a physician who has reaped the benefit of a large field of observation at the Salpêtrière at Paris, is of opinion that the encephalon partakes largely of the morbid action. In our own country the spinal cord has recently been made to bear its part in the blame. Whoever has read the little book of Mr. Tate, must, I think, at least give the author credit for his original views; a conviction of their accuracy and truth must be the product of our own observations. If they be proved to be correct and well founded, we must be indebted to him for the light which he has thrown on the subject, as clear and precise notions will lead to increase of self-confidence in the treatment of our patients. The statements are certainly curious and deserving of attention. Since the perusal of his book, I have had opportunities of putting his principles to the test, and which, as far as they go, corroborate his experience.

The following case, which I have selected among sundry others of hysteria in its various types, I will take the liberty of narrating.

M. K., æt. 23, a short, pale-featured woman, married, at this time suckling an infant nearly three months old, applied for advice under these circumstances:

On the 23d of June she experienced pain in the head, throat, shoulders, *left breast*, and loins. She soon became stiff-necked, and the motion of the jaw impaired; the bowels confined; she is subject to hysteric fits; menstruation generally painful.

27th.—The muscles of the neck and jaws are rigid ; not able to open the mouth wider than will admit the thin end of a spoon ; saliva dribbling ; voice inarticulate ; deglutition painful ; the neck externally highly sensible to the touch ; pain in the forehead and loins ; the brow contracted, indicative of suffering ; irritability of manner ; skin cool ; pulse 120, small ; mouth dry ; appetite good ; bowels open this morning ; stools dark.

On examination of the spine, *tenderness between the shoulders.*

R. Calomel, gr. j. P. Jalapæ gr. v.
f. p. mitte iv. j. 4tis h. s.

Unguent. Ant. Tart. illinatur ter
die reg. dors. spin. inter scap.

28th, 29th, 30th.—Jaw firmly closed the last two days.

July 1st.—The ointment brought out a pustulous eruption about thirty hours after the first application ; within twelve hours more, this was followed by great relief. To-day the jaw is unlocked ; speech intelligible. Yesterday it was firmly locked ; not a word could be understood. Feels much better ; bowels open.

Reprtr. Unguent. nocte mane.

3d.—Mobility of the jaw quite restored ; only complains of a little remaining tenderness about the neck, and some pain in the head.

Mist. Cath. om. mane.

Thus the complaint lasted ten days, two of which the jaw was immoveably fixed ; relaxation was speedily produced by the counter-irritation.

This was a decided case of hysteria. The patient has suffered two similar attacks before,

making altogether three in three successive years. The first came on directly after parturition : it continued a week ; the jaw was partially locked. The second came on when she was neither pregnant nor suckling : it lasted five weeks, ten days of which time the jaw was firmly locked, so that she could not get “ a crumb into her mouth.” She was bled for the first, repeatedly blistered for the second, and took sundry doses of calomel, opium, and jalap ; and at last the irritation subsided,—most likely voluntarily. After the birth of her present child, she labored under an attack very like peritonitis, but was nothing but hysteria under that form.

This is trismus, idiopathic trismus. On referring to cases of this nature in the different records, I think we find the greatest proportion of spontaneous tetanus to occur in females. In many of these the hysteric disposition is very evident ; in others, of premature age, this feature is not so plain ; but hysteria will sometimes impress its peculiar susceptibilities on the system long before the catamenia appear. I believe that cases of idiopathic tetanus, or trismus, in a male, are comparatively very rare. The constipation so often observed in hysteria and tetanus, and by some regarded as an excitant of those diseases, I think may be looked on more in the light of an effect than a cause—depending on spinal irritation.

It is curious that hysteria clothes herself in the garb of so many diseases. Is this a wild vagary of nature, or is there some fixed principle at the bottom of it all ? It may hereafter be

found that hysteria, tetanus, and even hydrophobia, which occasionally bear mutual resemblances, not only agree in general likeness, but are impressed with the determinate stamp of consanguinity. It may be discovered that, dissimilar and remote as the exciting causes of these diseases are, the essential and immediate residence is the same, though probably in different parts of the same organ—the spinal cord.

T. N. SMITH.

III.

JAUNDICE.

For the Boston Medical and Surgical Journal.

MR. EDITOR,—The proximate cause of this disease, as laid down by medical authorities, is the obstruction of the bile in its passage through the ducts, and its consequent absorption into the circulating fluid, which, being thus loaded, communicates a yellow tint to the skin and eyes. Admitting that this may be the true explanation, I would beg leave to propose another—namely, that in jaundice the liver ceases to secrete bile, which consequently remains in the blood, and produces the subsequent symptoms.

It will be remembered by the readers of the "Study of Medicine," that its distinguished author, who adopts the usual theory of the disease, considers it as presenting five species, having reference to the several causes by which the obstruction may be produced. Permit me to review these in succession, and to notice, under each, the objections which may be urged against the common

supposition on which they are founded.

The first of these species is the *Icterus Cholæus*; and in this we are told the bile is obstructed from its own viscosity. It must, however, be admitted that the cause which is here assigned is assumed gratuitously; for it has not been shown by dissection that the bile is ever too viscid to pass its ducts. Secondly, there is no analogy to support the idea that a gland can secrete a fluid incapable from its structure of passing through the secernent vessels. Nothing similar to this is known or supposed to occur in the kidneys, salivary glands, or pancreas. Thirdly, if an obstruction from this cause occur at all, it must be at the points where the secretion takes place; for from these points the calibre of the passages is continually increasing. But a secretion thus stationary at the point of its production, is to all intents the same as no secretion whatever. The action of the liver may commence under such circumstances, but must, from the nature of things, be immediately suspended.

The second species mentioned is *Icterus Chololithus*. The remote cause which is here assigned, namely, the passage of gallstones into the intestines, is without doubt a real cause of jaundice. That it produces its effect by mechanically obstructing the passage and thus preventing the flow of the bile, is not quite so certain. During the passage of a gallstone from the gallbladder to the intestine, a free passage must at every moment remain open, either from the liver to the duodenum, or from the former to the gallbladder. During the first and most

difficult part of its transit, the former being the case, there need be no proper accumulation in any part of the biliary system ; during the second part, the passage being open from the gland to its reservoir, a certain amount may be accumulated in the latter, but certainly not so much as materially to distend its cavity, particularly as it may part with its aqueous constituent, which, existing in the proportion of seven in eight parts, will, by its absence, materially diminish the aggregate volume. It is, however, perfectly well known, that the occurrence of jaundice as a symptom of chololithus is by no means limited to that period during which the stone is passing, but accompanies the whole progress of the disease ; a fact which of itself would render it probable, were other circumstances wanting to confirm the supposition, that the affection of the liver is sympathetic, and that its secretion is diminished so long as a foreign body occupies the gallbladder, or obstructs any portion of its ducts.

The third species of jaundice is *Icterus Spasmodicus* ; in which the obstruction is said to be produced by a spasm of the ducts. A stricture of the hepatic passages from this cause, is without doubt a possible occurrence ; that it is a frequent one, is rendered improbable by the fact that the outlets of secreting organs more immediately subjected to our observation, are not known to be liable to a similar affection. As respects the remote causes assigned for this species, acrimonious ingesta, hysteria, and mental passions, they seem at least as likely to diminish the action of the organ, as to close its outlets and

prevent the exit of its secretions. The well-known effect of the last two causes on the urinary secretion, though not strictly analogous to that now suggested, will, I think, on examination, be found to confirm its probability.

The fourth species given is *Icterus Hepaticus* ; or that in which the disease is occasioned by scirrhus or induration of the gland ; in which case the obstruction must be supposed to take place in the liver itself. To this case, however, the mechanical cause thus assigned seems peculiarly applicable, at the same time that its interference is wholly unnecessary. Any part of the liver which becomes disorganized, must of course be rendered incapable of performing its functions. The secretion of the organ, as a whole, will consequently be diminished ; and to suppose that the disease in question is produced in this manner, seems perfectly conformable to philosophy and good sense.

The fifth and last species is *Icterus Infantum*. The remote cause of this singular affection is somewhat obscure ; and it certainly is not easy to comprehend that assigned by our author, who, with great good judgment, has withheld it, in assigning to the disease a specific appellation. That the meconium can so far accumulate as mechanically to obstruct the passage of the bile, seems very improbable ; that the liver may be more or less torpid for a certain period after birth, is both natural in itself, and rendered still more probable by the frequent occurrence of infantile constipation.

Having thus hastily compared the existing theory with my own,

under certain points of view, I would adduce one or two other considerations in favor of the latter, which have not yet been distinctly mentioned. If the remedies which have been found successful in jaundice be examined, they will, I think, be found more appropriate to stimulating the organ to secretion, than to removing any proper obstruction existing in the gland or its ducts. To enumerate all of these would be tedious; they may, however, be stated generally to have been cathartics, especially calomel, emetics, external stimulants, and tonics. A great variety of remedies have occasionally been serviceable; but it is believed that the greatest number may be referred to the classes just enumerated. Opium, which is mentioned by Dr. G. under I. Spasmodicus, seems to be suggested rather to meet the theory proposed, than from any particular confidence in its virtues.

It is an obvious objection to the idea of resorption of the bile into the blood, that, supposing this process to occur, the portion which would be first taken up by the absorbents would be the aqueous, which, as we have already stated, forms seven out of eight parts of the whole secretion. This would of course communicate no coloring matter to the blood; nor would it be until the small residuum was also carried off, that the most obvious symptoms of jaundice would become perceptible.

If it be objected that no bile, as such, exists in the blood, and therefore none can be thrown upon the skin unless previously excreted, I can only answer that this objection seems to apply in

an equal degree to the usual theory of the disease. I am not aware that, even during the existence of jaundice, any bile can be separated from the circulating fluid; if such is the fact, its presence can as well be accounted for when not secreted, as its absence when it is so. If under no circumstances can this fluid be detected in the blood, it will only become us to confess that its formation by the secernents of the liver, and its separation by the excernents of the skin, are equally among the unexplained mysteries of our common nature.

Yours, &c. FLAVIUS.

IV.

MORBID GROWTH OF THE NAIL.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—In your highly interesting Med. and Surg. Journal of Aug. 17th, Nos. 27 and 28, I noticed a few remarks upon the diseased growth of the nail, likewise some of the methods adopted to cure this truly painful and troublesome affection when it has so far advanced as to produce ulceration. Leaving all the methods, but one, there proposed, with but a passing remark, as they all tend to the same object, namely, the final removal of the nail,—I would suggest, for your consideration and disposal, an addition to the plan of inserting a small quantity of lint under the edge of the nail, which was communicated to me by my worthy friend and instructor, J. P. Batchelder, then of Pittsfield, in 1823. It consists simply in dividing the nail longitudinally with a sharp-pointed instrument almost through, for the

purpose of rendering that edge of the nail limber and pliable. A section of about one fourth of the nail is sufficient. At no point must the division be carried quite through, as that would render the operation unsuccessful, for obvious reasons. Then neatly adjust under the edge of the nail a dossil of lint, and continue one under until the cure is completed, which occupies from five weeks to five months, and is attended with no pain, and but little trouble or inconvenience. In my short experience I have not known this plan fail where it was performed skilfully and with persevering care and attention. Among the numerous applicants for certificates to exempt them from military duty, the disease in question is often exhibited as an excuse; but for the last five years I have not known a second application for the same disease, where this plan had been adopted.

The single remark I intended to make upon the removal of the nail is, that I have seen the painful operation performed in part or in whole three times, in all of which it failed of producing a radical cure, and in one case the disease was much aggravated after the reproduction of the nail.

Yours, respectfully,

CHANDLER SMITH.

Princeton, Mass., Aug. 27, 1830.

V.

OPERATIONS IN SURGERY.

A FRIEND has placed in our hand a letter from an American physician, now in London, with permission to publish the following extract.

London, July 10, 1830.

There is little going on here at present in the way of lectures, or

operations; I have, however, seen one or two of importance. The first was that of trepanning, by Mr. Key. The patient was brought into Guy's Hospital in a state of insensibility, having been knocked down by a blow from the handle of a wheel of some engine. From his vomiting a quantity of blood with some food, Mr. Key thought it possible that he had received a blow upon the abdomen, and that there was a rupture of some portion of the intestine; for though there was a wound on the head, he found no fracture or severe injury upon that part. The man in the meantime recovered sufficiently to speak; but incoherently. Mr. Key merely directing that no food should be allowed him, left him for the present. In a few moments, however, he was informed that coma and stertor had come on: he returned, and made an incision down to the bone on the side of the apparent injury, but found no fracture. He thought it advisable to make the same examination on the opposite side, though there was no external indication of injury. On this side, in fact, he found a very extensive fracture. The patient was then removed to the operating room, and the operation of trepanning was performed; Mr. Key making use of Hey's saw, instead of the trephine. The patient however died in the course of 6 or 8 hours.

The second operation I saw was at Bartholomew's, for a case of a somewhat singular nature. The patient was an old woman, whose right breast was enlarged so as to form a sphere nearly a foot in diameter. Mr. Stanley, a very young man, was the operator. Having marked with a pen

a line around the tumor calculated so as to leave sufficient skin for union by the first intention, a trochar and canula were plunged into the breast, and about three pints of chocolate-colored fluid discharged; though not the whole that the tumor contained. The canula was withdrawn, and an incision made with a scalpel through the integuments, in the direction which had been traced, and the sac which contained the fluid dissected out. One or two small arteries were then secured, and the skin brought together as in the common operation for removing the breast.

The day before yesterday I saw the operation for removing a portion of the lower jaw, at the articulation, performed at St. Thomas' Hospital by Mr. Green. The patient was a healthy young woman who had a large tumor of the bone of the lower jaw. An incision was made from the corner of the mouth to the angle of the jaw. A second incision was carried from near the articulation to meet the former one at the angle of the jaw. The small arterial branches which were wounded in this operation were immediately secured. The portion of the bone intended to be removed, having been laid bare, Mr. Green applied the chain saw, but finding it not to work readily, he removed it and completed the division

with Hey's saw. The most difficult part of the operation remained—the disarticulation of the bone. This Mr. Green effected with success. The whole operation occupied an hour. The patient did not utter a groan or expression of pain. Mr. Green operates with great coolness and deliberation. He ranks very high as a surgeon.

Yesterday I saw the operation for lithotomy performed at Bartholomew's by Mr. Starby. After many attempts to strike upon the stone, with a large staff he at last succeeded. He then made a lateral incision with a scalpel, introduced the gorget, enlarged the opening once or twice with a scalpel, and after repeated attempts, and the trial of a great variety of forceps, he succeeded in extracting a small stone. Repeating his attempts for some time longer, he extracted a stone of moderate size, and completed the operation. He appeared to operate with perfect coolness and with a steady hand; but the success of this operation must be exceedingly doubtful.

There is a man here, of the name of Schoss, who imports wax preparations from Germany, for sale, many of which are very beautiful, particularly some of the ear, exhibiting the distribution of the nerve.

* * * *

BOSTON, TUESDAY, OCTOBER 5, 1830.

UNION OF WOUNDS BY FIRST INTENTION.

THIS mode of treating wounds caused by operation, which has been so

generally adopted in England and in this country, appears to be gradually coming into favor with the surgeons of the continent. Some very judi-

cious remarks in its favor, by Professor Delpesch, of Montpellier, are quoted with approbation in one of the principal French journals. Prof. D. recommends this mode of proceeding in the following cases: 1. Wounds about the head. 2. After deep incisions in the region of the thorax. 3. Especially after operations for empyema, in which this proceeding offers the surest means of preventing farther effusion. 4. After the amputation of a cancerous breast. 5. After all wounds of the abdomen, except in the case of hernia with gangrene of the intestine. 6. After the operation of castration. In fact, this proceeding is required after all great operations, and especially amputation. It has indeed been urged, that it is dangerous to suppress suddenly a suppurative discharge which has been of long standing. But in truth, this apprehension is wholly groundless. There is surely no reason to dread a plethoric state of the system in these cases. On the contrary, it is easy to perceive that where extensive ulceration has existed, and amputation has become necessary in consequence, the state of the constitution is any other than that which should justify such a fear. We find in these cases the very opposite conditions: a gradual wasting from excessive purulent discharge, colliquative sweats, the digestion insufficient to supply the losses sustained, a septic tendency of the fluids from the absorption of the putrescent miasm, and the strength impaired by sympathetic affections caused by constant pain and watching. Such in general is the state of things which

renders amputation necessary, and which in fact leads to its adoption. When pus is carried into the vessels after this operation, and there is reason to believe that this is not an uncommon occurrence, it is of course assimilated; for it is very seldom that this absorption is followed by any dangerous effects. By immediate union we save a patient the pain of a tedious ulceration, the long-continued presence of pus on an absorbing surface is prevented, and the cure is infinitely more rapid than when suppuration is permitted to establish itself. M. Delpesch employs the suture as the best means of obtaining union, and has recourse to it without hesitation after large amputations.

DISEASES OF NEGROES.

It would be a study of some interest, and not without use, to trace the peculiarities, moral, intellectual and physical, which make so broad a distinction between this race and the whites in every country where they are found together. That the connection between the white and the black is uniformly that of power in the one and submission in the other, though partly attributable to circumstances which have controlled the destiny of the latter, must be in part owing to a more general cause, and to essential differences of constitution, which vest in the former a permanent superiority. In confirmation of this idea it is remarked, that in those countries where negro slavery is abolished, and where the laws recognise no political subordination in

the blacks, their situation and place in society seem but little if at all better than where they are regarded and held as the property of others. The objects at best of the pity of their fellow men, they gain a scanty subsistence by the performance of the vilest duties, and exhibit as little the wish as the ability to exercise the rights or to improve the privileges of freemen.

To whatever complication of causes this state of things is to be attributed, it is certain that the character and constitution of the negro among us exhibit some peculiarities which appear to have accompanied him among all vicissitudes, from his early abode in the land of his ancestors. Among the former may be mentioned indolence, gentleness of disposition, and fondness for music. On these and some other peculiarities our readers will find some very ingenious remarks by Mr. Flint, in his *Valley of the Mississippi*, where the subject is treated with much candor and good sense.

In physical constitution the negro, with us, differs considerably from the white. They are observed to feel the cold more sensibly, and to bear heat better,—a circumstance which marks their affinity to the natives of a tropical clime. They are probably more temperate in the use of spirituous liquors, and more abstemious in their mode of living, than whites of the same class. Hence they are for the most part healthy, and when sick ordinarily require less active evacuations than the white. From some circumstances it would appear that they are peculiarly liable

to disease of a nervous or spasmodic character. The author of a late work on the diseases of Cuba—Dr. Oliver—remarks that the blacks in that island are much more subjected to tetanus than the white,—and states, as the result of his observation, that liability to spasmodic disease is found to bear an inverse proportion to the development of the facial angle. We doubt, however, whether the facts known on this point will justify so broad a conclusion.

BELLADONNA IN PHTHISIS.

As there is no disease more completely beyond the reach of medical skill than confirmed consumption, so there is none for which a greater number of remedies has successively cheated mankind with the hope of being decidedly and permanently useful. That the cases cured by these pretended specifics were not properly phthisis, is the necessary inference from their subsequent failures; that many of them, but for the remedy, would have terminated in this disease, it is not easy to deny or disbelieve. There is, then, a state of the lungs verging toward phthisis, in which remedies, judiciously applied, are capable often of giving relief; and however partial the encouragement thus offered to our efforts, it is sufficient to make every new case of the supposed successful treatment of this malady an object of interest. Perhaps no class of remedies has proved more useful in this peculiar state of pulmonary affections, than the opiates; as there is none of which the practitioner is more likely to be reminded by the

patient. We are never presented with one of these doubtful cases that it does not seem a point of the highest importance to control the frequent and irritating cough with which they are accompanied; and thus to give the organ, if possible, a period of comparative repose. Unfortunately, most of the opiates furnished by the materia medica are followed by secondary effects which more than counteract the benefits obtained by the primary ones; while, to add to the evil, the latter are necessarily transitory, and cannot be maintained beyond a very limited period. A part of these ill effects belong to that tendency to reaction constantly manifested by the nervous system; another part are connected with the fact that these articles act on this system through the medium of the stomach, whose activity they have always a tendency to impair. The latter inconvenience at least is remedied, and in some degree the former, by administering articles of this nature in a different form, so that the substance employed is made to exert its specific effects without being at all introduced into the alimentary canal.

A practice in accordance with this view has lately been tried with considerable success in some of the foreign hospitals. We have before us the details of a single case, in which the leaves of belladonna were smoked by the patient, like those of tobacco, and with decided benefit. The individual was a soldier twenty-two years of age, attacked for the third time with chronic inflammation of the lungs, accompanied with hemop-

tysis, and all the signs which indicate pulmonary suppuration. He commenced by smoking a quarter of an hour morning and evening. A slight heaviness about the head was the only inconvenience occasioned. A few days only elapsed before the cough sensibly diminished in frequency, and became less painful; the evening exacerbation was milder, and the sputa assumed a better aspect. The patient, encouraged by these results, gradually increased the period of the operation, until he reached the term of two hours per diem; and finally, after forty days of this treatment, he had gained sufficient strength to return to his native country, where his health soon became entirely reestablished.

TREATMENT OF HEPATIC DISEASE.

THE remarkable sympathy which exists between the functions of the liver and those of the skin, has, it is well known, led to the very successful employment of stimulants to the cutaneous surface, in the various diseases of that important organ. Among the numerous modifications of this system of treatment, none perhaps has, at the present time, a greater number of advocates, than that of the nitro muriatic acid bath. We observe, within a few days, a remarkable case of its successful application by Dr. Tannini, of Naples, in which the patient had been for years affected with hepatitis, and, during the latter part of this period, constantly harassed by the symptoms of local pain, remittent fever, nausea, disgust for food, flatulence, &c. During the progress of the disease,

he had visited England and France, and consulted the principal physicians in both countries, without obtaining any relief. Dr. T. ordered the following, as a bath to the legs, every evening at bedtime.

R. Acid Nitr. \mathfrak{z} ij.
 “ Mur. \mathfrak{z} ij.
 Aquæ Cong. v. M.

The patient at first bore the immersion only for twenty minutes, which, in the course of a few days, he increased to forty-five minutes. A cure was rapidly effected by this treatment.

PERTURBATING TREATMENT.

THE free use of perturbing remedies is severely censured by M. Broussais and his school, and those who employ such articles are accused of killing their patients with them. This charge is certainly, at least in some instances, unjust. We find recorded in the last No. of the *New York Medical and Physical Journal*, a case in which the greater number of the most active articles that constitute the armament of the physician, were employed in *ad libitum* doses, and in an almost *incredibly short space* of time, a single night, and yet the patient recovered. This case is entitled “Poisoning from the bite of a spider *successfully treated*.” (!) The patient *supposed* himself to have been bitten by a spider on the 10th of July, and late in the evening of the same day, when seen by the narrator of the case, “he complained of violent pain in his back and loins,” “his spasms were extreme and occurred at short intervals; the pulse was small, frequent, and laboring or irregular; the pupils dilated; skin covered with a profuse cold sweat; the urine suppressed; muscular power totally suspended, and the intellectual energies much impaired,” &c.

The patient had been already dosed with various remedies, “such

as the popular prescriptions in common use for the bites of venomous reptiles, viz. plaitain, horehound, boneset, edgeweed, rue, tansey, squirrel’s ear, wormwood, milk, oil, spirit, vinegar, and a *farrago* of other ineffectual remedies. He had been bled, and a *variety* of topical applications employed, but all to no purpose.”

On his arrival, the doctor set immediately to work; he prescribed, we quote his own words, “large opiates, *anodynes*, antispasmodics, and stimulants, both diffusable and permanent; among these were volatile alkali, æther, opium, camphor, amber, compd. tinct. castor, lavender, brandy, cantharides, and a *host of others, without effect*. Large doses of calomel and opium were given, but the bowels were not in a situation to be excited by cathartics while the spasms continued. As no remedy appeared to have the desired effect, although prescribed *ad libitum*, I was necessarily compelled to relinquish most of them, and trust solely to opium and ammonia, as the only medicines that were likely, in the event, to ensure a successful issue.” “By pursuing this course through the night,” says Dr. H. “*I ultimately succeeded in relieving all the symptoms!*” “Much, however,” he adds, “might be attributed to the spirit of turpentine, for it was not until this was employed that the disease seemed to yield.” It is almost unnecessary to add that the patient’s convalescence was a slow one.

What will M. Broussais say to this case? If the patient had died, his death would have been attributed to the remedies—he recovered, and so unjust is the world, that we doubt whether the credit of the cure will be awarded to his physician!

Animal Charcoal as a Remedy in Glandular Affections.—Some of the German physicians, particularly Drs. Weise, Wagner, and Gumpert de Posen, have employed this substance

with some success in glandular and scirrhus affections. From the results of their trials, these gentlemen are induced to consider animal charcoal as possessing the *resolvent* powers of iodine and mercury, without the same injurious consequences to the system. As this remedy may come into use in this country, we subjoin the following formula for its preparation:—

Preparation of Dr. Weise's Animal Charcoal.—Take two parts of beef or mutton deprived of fat and cut into pieces, and one part of bones well bruised. Mix and torrefy them on a gentle fire until a small flame is perceived around the apparatus, after which the heat must be continued a quarter of an hour. After they are cold, reduce to powder the carbonaceous residue, and preserve it in a well closed bottle. Dr. Weise prescribes six parts of this powder with one of sugar, to be given morning and evening in doses about the bulk of a pea, (in weight two grains,) in a little water.

This preparation of carbon contains much less phosphate of lime than ordinary animal charcoal, and is therefore more easily operated on in a covered crucible.

Since the discovery of iodine and bromine in burnt sponge, physicians have been disposed to attribute to the former ingredient especially its activity as a medicine in the removal of scrofulous affections. But it appears from the experience of the German physicians, that carbon of itself may be accounted a powerful therapeutic agent.

For its convenient exhibition, the French physicians suggest the following

Pastilles of Animal Charcoal.

Take—Charcoal of Weise	1 oz.
White sugar in powder	8 oz.
Mucilage of gum tragacanth	qs.

Make pastilles of the weight of ten grains, each of which will contain about one grain of the charcoal. —*Journ. de Chim. Med.*

Analysis of Copaiba.—M. Gerber, of Hamburg, has analysed the pale yellow copaiba, and obtained the following results:—Volatile oil, 41; a brown resin, insoluble in cold petroleum, 2.18; a brittle yellow resin, soluble in cold petroleum, 51.38; water, 5.44.

When the copaiba becomes old, it undergoes some changes, according to M. G.; a part of its volatile oil appears to be transferred into a brown resin;—thus, the analysis of old copaiba furnished him with the following results:—Volatile oil, 31.7; soft brown resin, 11.15; brittle yellow resin, 53.68; water, and loss, 4.10.—*Archives des Apotheker.*

Purity of Balsam Copaiba.—The best test of this, according to M. Gerber, is the caustic ammonia, which furnishes at once a clear solution, whilst the solution with potash does not become clear until after some time. The addition of a very small quantity of fatty oil renders the ammoniacal solution immediately cloudy and thicker.—*Ib.*

Vesicating Insects.—M. Farine states, that, after many comparative trials on the cleopteres, he has ascertained that the *mylabris cyanescens* follows the cantharides in the vesicating properties of this tribe of insects, and that the *mylabris variabilis* is next in activity.

The note of Dr. Parsons, in reply to MEDICUS, is too late for insertion today,—it shall have place next week.

Whole number of deaths in Boston during the week ending Sept. 24, 19. Males, 12,—Females, 7. Stillborn, 2.

Bilious fever, 1—brain fever, 1—cholera infantum, 1—consumption, 3—convulsions, 1—dropsy on the brain, 1—infantile, 2—inflammation in the bowels, 1—lung fever, 1—quinsey, 1—typhous fever, 1—unknown, 3.

ADVERTISEMENTS.

BOYLSTON MED. PRIZE
QUESTIONS.

AT the annual meeting of the Boylston Committee on Prize Questions, held on Wednesday, the 4th day of August, 1830, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Charles Caldwell, M.D., Professor of the Institutes of Medicine, &c. in the Transylvania University, Lexington, Ken. for a dissertation on the Question, "Whether Fever is produced by the decomposition of animal or vegetable substances; and if by both, their comparative influence?"

Another premium of the same value, was also awarded to Usher Parsons, M.D., Professor of Anatomy, &c. in Brown University, Providence, R. I., for a Dissertation, "On the connexion between cutaneous diseases which are not contagious and the internal organs."

The following Prize Questions for the year 1831 are now before the public, viz:

1st. "The History of the Autumnal Diseases of New-England."

2nd. What insects in the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?"

Dissertations on these subjects must be transmitted, post paid, to Thomas Welsh, M.D., Boston, on or before the first Wednesday of April, 1831.

The following Questions are now offered for the year 1832, viz:

3d. "What is the cause of Fistula Lachrymalis, and what is the best mode of treating the disease?"

4th. "What are the circumstances in which the drinking of cold water in hot weather proves injurious? What are the diseases which arise from this cause, and what is the best mode of treating these diseases?"

Dissertations on these subjects must be transmitted as above on or before the first Wednesday in April, 1832.

The author of the successful Dissertation on either of the above subjects will be entitled to Fifty Dollars or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same

device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2nd. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connexion therewith.

GEO. HAYWARD, Secretary.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

I.

SOME CASES SHOWING THE EFFECTS
OF THE SUPPRESSION OF HABITUAL
EVACUATIONS.

THE cases which follow are reported from the Paris Hospital La Pitié, by M. Louis, to illustrate a subject on which our ideas are somewhat vague, and on which we are all willing to be enlightened.

Case 1.—A voiturier, aged 25 years, had had an ulcer of long standing on each of his legs, of which he was cured in La Pitié in the space of six weeks, and was discharged. In about three weeks afterwards, he returned to the same hospital, complaining that, in two days after his discharge, without any ostensible cause, he became affected with acute pain in the left flank, and also in the left side of the chest, attended with some fever, loss of appetite, and diarrhœa, but without cough or expectoration. Venesection did not relieve these symptoms, and when examined at the hospital, on the 28th of April, the following were the symptoms:—The heat of surface was increased; pulse rather accelerated; thirst; white tongue; ten motions in the twenty-four hours; acute pain in the left flank, increased on pressure, and extending to the groin of that side; a tumor developed in the left hypogastric region, protruding several inches beyond the

level of the false ribs. The inferior part of the left side of the chest sounded dull, and no respiration was there heard, but was clear in every other direction. The tumor appeared to M. Louis to be an enlarged spleen; and he thought this enlargement, as well as the diarrhœa, was owing to the suppression of the long-established drain from the ulcers on the legs. With this impression, M. Louis endeavored to reëstablish the said discharge by means of a large blister to the leg, and twenty leeches to the left flank and left side of the chest. In two days the pains had nearly ceased, and the diarrhœa was much diminished. The size of the spleen also decreased rapidly, and, by the 19th of May, there was no vestige of tumor in the left side, and the chest on that side was sonorous throughout. He was discharged cured. We forgot to mention that an issue had been established in the flank.

Case 2.—This was a deaf person, but very intelligent, aged about 55 years, who came to the Hospital La Pitié, in the beginning of last winter, with a large ulcer, of several years' standing, on the malleolus internus. It was dressed regularly every day, and soon healed. In two or three days after the complete cicatrization, the patient, who had previously been in good health, lost his appetite, had nausea, malaise, lassitude, without any other symptom

that could indicate any particular disease. The above continued to increase for eight days, when M. Recamier applied a large blister to the site of the healed ulcer. As soon as a suppurative discharge was established, the foregoing phenomena diminished, and, in the course of a week, they entirely disappeared. The patient remained three months in the hospital, and had no return of the complaint. The blister was then allowed to heal, and health continued.

Case 3.—A female, aged 40 years, had a vaginal discharge for several years, which was suddenly and totally suppressed by a severe moral affliction. From that time the appetite and strength diminished; the patient complained of pains in the epigastrium; wasted in flesh; and, after three months, was obliged to enter the hospital. M. Louis endeavored to reëstablish the vaginal discharge by means of the vapor bath, sinapisms, &c. In about eight days these remedies reproduced the vaginal discharge, from which period all the symptoms above mentioned gradually diminished, and at length disappeared.

Case 4.—A female, aged 62 years, was received into the hospital on the 23d of May of this year. The catamenia had ceased about twelve years previously, since which she was subject to palpitations of the heart and pains in her head. For these she had been bled eight times. Her legs swelled occasionally in the evenings. During the last six months she had leucorrhœa of inodorous character. Having been severely frightened by some ruffians one evening, and beaten by them, the discharge suddenly stopped, and soon after this she felt depressed,

with headach, giddiness, some obscurity of vision, constant drowsiness, cramps in her limbs, with some dyspnœa and œdema of the feet. Nevertheless she was free from the palpitation; but her appetite disappeared. These symptoms continued unabated for eight days, and were in the same state when she entered the hospital, on the 23d of May. She appeared to have a good constitution; pulse 84, regular, as were the motions of the heart, which did not appear enlarged; lungs sound. A large blister was applied to the inside of the right leg; vapor bath to the lower half of the body; sinapisms to the feet.—24th. Pulse 96; the other symptoms the same. Twenty leeches were applied to the lower extremities.—25th. During the bleeding of the leeches, some of the leucorrhœal discharge returned, but did not continue. The symptoms, however, were all mitigated, and when the blister came to discharge freely, they disappeared, with the exception of considerable debility, which required tonics and nourishing diet. Some threatenings of her former symptoms required the formation of an issue in the thigh, which entirely removed them.

II.

CASE OF ACUTE NEURALGIA RHEUMATICA OF THE DIAPHRAGM.*

By Dr. COUDRET, interne à L'Hôtel Dieu.

THIS case is related by the patient himself, who, as a medical man, may well be considered as capable of appreciating the nature and seat of his own malady.

Aged about 29 years, of nervous

* From the Journal Complémentaire.

temperament, but enjoying good health ; he had been subject, for some time, after exposure to cold in the amphitheatre, to slight intercostal pain in the left side, occasionally exchanged for pains of a colicky nature in the bowels, for coryza, and for cynanche tonsillaris. On the 28th January, 1830, when the temperature was 12 deg. of Reamur below zero, he was imprudent enough to have his hair cut close,—immediately after which he became affected with slight bronchitis, and some inflammation of the tunica conjunctiva. On the 8th of February, these affections being still in existence, he was exposed, while warm, to a current of cold air, and thence repaired to the Hôtel Dieu, where he did not, at first, experience any particular inconvenience. At 5 o'clock in the afternoon he dined, though not with appetite. At 8 o'clock he experienced a febrile horripilation, general malaise, heaviness of head, pain in his joints, disinclination to motion. Soon after this a shiver was felt, the coldness being succeeded by febrile reaction, violent pain in the limbs, the loins, head, &c. The night was very restless, the pains, though general at first, being concentrated ultimately in the left lumbar region, and at the lower part of the chest on the same side. Next day, 9th February, the skin was still dry and burning ; the restlessness incessant ; headach intense ; feeling of great sanguineous congestion about the face ; tongue pasty, but not red ; thirst considerable ; some nausea ; urine pale ; bowels costive ; cough, with catarrhal expectoration ; the pain in the loins and side increased by the

act of coughing. On percussion, the chest was everywhere sonorous. At each effort to inspire, the patient found himself checked by a sudden and violent pain, apparently in the situation where the diaphragm is attached to the false ribs of the left side, and also to the spine. He conceived that he felt this same pain in the tendinous centre of the diaphragm, whence it appeared to radiate along the course of the left diaphragmatic nerve to the neighborhood of the clavicle of that side. The act of turning, the least effort to breathe, to expel the urine, to eructate, or blow his nose, increased this pain to exquisite torture. His common respiration was also short and embarrassed. Lastly, he felt a sensation in his left arm similar to what is described by those who labor under angina pectoris. Nothing was felt about the right side of the chest. Careful pressure was made on all parts of the abdomen, but no uneasiness was thereby produced. These phenomena convinced the patient that the disease was not pleuritis ; but that the seat of the malady was the diaphragm. The fever was now very acute, the pulse full, hard, and quick—in short, everything indicated the necessity of venesection. His friend, who was with him in the Hôtel Dieu, immediately bled him to a large amount, without producing faintness. The blood was rich, but very little inflamed. Feeling some nausea, he took several glasses of warm water, and cleared his stomach, but without bringing up any remains of food, or any bile. He now felt better, and had had a mild perspiration. But the pain above described conti-

nued, and the pyrexial symptoms were soon renewed, with discontinuance of the perspiration. Thirty-five leeches were now applied to the anus, followed by a hot poultice to the same, and also to the feet. These means completely removed the headach, and much of the general malaise: the perspiration was reproduced; and he would have experienced some repose, had not the pains in the region of the diaphragm continued to harass him incessantly. He now balanced between the application of forty or fifty leeches to the chest, or sinapisms to the same part. He determined in favor of the latter, and managed them with great dexterity, contriving to keep up a constant counterirritation over the left side and back of the thorax, without inducing vesication. Two days of this discipline gave complete relief to his sufferings. On the 12th of February, he was free from complaint, excepting debility.

The author thinks, and we are inclined to agree with him, that the phenomena which he has described, and severely felt, indicate a rheumatic affection of the diaphragm—a disease rarely delineated by medical writers, probably on account of the inability of non-medical patients to accurately ascertain the seat or kind of their own dolorous sensations.

III.

ON MR. WARDROP'S METHOD OF TREATING NÆVUS.

From the London Medical Gazette.

SIR,—I transmit you two cases, one of nævus, the other of aneurism by anastomosis, successfully

treated by the Kali Purum, as recommended by Mr. Wardrop in the former disease.

These observations will not only confirm the observations of Mr. Wardrop, but they will lead me to make some remarks upon the difference of the mode of action of this caustic, and that of nitrate of silver, which has erroneously received the same denomination. The first case, or that of nævus, will only require to be briefly and simply detailed. The case of aneurism by anastomosis was the subject of various surgical transactions by a *surgeon physician*, who, confounding the effects of the nitrate of silver with those of *caustic*, had long endeavored to cure this affection by that remedy in vain.

The nævus was situated under the left side of the inferior maxilla, rather deeply seated beneath the skin, of the size of a walnut, but daily increasing in its dimensions: the patient was a child two years old. Having protected all but the central part by means of adhesive plaster, I applied the caustic potass to this part, in the manner directed by Mr. Wardrop. Ulceration was produced, and spread to the destruction of the nævus: a common poultice being applied, the process of destruction, which extended but to the boundaries of the nævus, was followed by that of cicatrization.

The case of aneurism by anastomosis occurred in a Mrs. Taylor, aged 34, occupying the middle part of the left ala of the nose, and appearing to penetrate through the textures of which it is formed. It had been subjected to scarifications both within the nostrils and externally, and to applications of the nitrate of silver,

during a period of eighteen months, without the slightest advantage.

I applied a small portion of caustic potass over the part externally, confining its operation by means of a piece of adhesive plaster pierced in its centre for the purpose, after the manner of making an issue. This process was required to be repeated five times, at intervals of about five days. The aneurism being now destroyed, the part healed spontaneously, leaving a cicatrix which is scarcely visible, and no orifice through the *ala nasi*, as it was feared any cure must do.

I think it important once more distinctly to state, that the nitrate of silver is not a caustic in any sense of the word. It subdues inflammation, and induces resolution and the healing process. It preserves and does not destroy the part to which it is applied. The pure potass, on the contrary, is a caustic; it destroys; it induces the ulcerative process. Touch a part with the nitrate of silver—the eschar remains for a time, and then falls off, leaving the subjacent part healed. Do the same thing with the *kali purum*—it induces a slough, which, being separated, leaves an ulcerated surface. If an ulcerated surface, secreting pus, be touched by the nitrate of silver, the discharge is immediately converted into lymph. It is the property of the caustic potass, on the contrary, to induce not only ulceration, but suppuration.

In short, the peculiar properties of the nitrate of silver have long been kept unknown to us by its designation of the lunar caustic, affording the most striking instance of the influence of a term

or of classification upon the human mind. The nitrate of silver and the caustic potass (as, indeed, all *caustics*) are as the poles to each other—the first preserves, the second destroys; the first induces cicatrization, the second ulceration. JOHN HIGGINBOTTOM.

IV.

CASE OF RETROVERTED UTERUS, TREATED BY PUNCTURE OF THAT ORGAN.*

By J. M. BAYNHAM, Surgeon to the General Dispensary and to the Town Infirmary of Birmingham.

THE consequences of retroversion of the uterus have been so often fatal, that a case successfully treated by surgical operation cannot be devoid of interest. The practice adopted in this instance will be found uncommon; and, since it led to a successful issue under the most unpromising circumstances, deserves to be recorded.

Hannah Martin, aged thirty, of spare make, was admitted a patient of the dispensary, 28th of March, 1828. She was then in the sixth month of her second pregnancy, the history of her case to which period is briefly as follows:

When employed six weeks previously in moving a heavy weight, she suddenly felt acute pain in the lower part of the belly. To this, however, little importance was attached at the moment. Two days afterwards retention of urine occurred, with almost constant pain. The nature of the case appears to have been overlooked by the gentlemen consulted in the first instance, since the use of a

* From the Edin. Med. and Surg. Journal.

catheter was not proposed. She had dripping of urine, with progressive enlargement of the abdomen during the next month; at the end of which time, finding no relief in medicine, she applied to another surgeon, who, by the introduction of a catheter, obtained eight pints of urine in the morning, and nearly the same quantity seven hours afterwards. No examination, *per vaginam*, was even now instituted, and, of course, no permanent relief secured to the patient, the catheter only being used night and morning in the next fortnight. When recommended to the dispensary, she had kept her bed three weeks, and was in a state of high fever; her pulse 136, short and indistinct. She had frequent vomiting, constant micturition, tenesmus, fulness, tension, and tenderness of the abdomen.

In my first attempts to pass a catheter, I was embarrassed by the altered state of the external organs; a large portion of the vagina being prolapsed, and the clitoris and nymphæ greatly enlarged. The urine which escaped by the instrument resembled the contents of a *psoas abscess*, but was much more fetid. The entire cavity of the pelvis was occupied by a tumor, which caused protrusion of the anus, and also eversion of the lower extremity of the bowel. The mouth of the uterus was far beyond the reach of the finger, and the fundus of this organ was situated less than one inch from the anus; a circumstance which rendered the admission of the finger into the rectum a work of much difficulty. Feeling satisfied that no urine remained in the bladder, I attempted to replace the uterus

by a gradual introduction of the whole hand into the vagina. The os uteri pointed directly upwards, and was raised above the pubis: in fact, the retroversion was complete.

Having persevered as long as seemed consistent with the safety of the patient, I requested the attendance of two of my colleagues, and they met me in consultation the same afternoon, (March 28.) She had become much more exhausted and restless. Her anxiety of manner, and the failure of her pulse, leading us to suppose that she was nearly moribund, I proposed the immediate introduction of a trocar into the uterus, for the purpose of lessening its volume. Preparatory to any other steps, the catheter was again used, and having then placed the woman upon her elbows and knees, I once more endeavored to raise the tumor, but not succeeding better than before, I slowly passed my hand into the rectum, and, adapting it as far as possible to the base of the tumor, continued for some time to make the firmest pressure, without sensible advantage.

Mr. Blount, one of the gentlemen present, in the expectation of a better result, desired to satisfy himself of the impracticability of success before the operation of puncture was adopted. Having passed his finger into the os uteri, he endeavored to rupture the membranes; but, although assisted by a curved metallic instrument, he was compelled to relinquish his purpose, and all other expedients to relieve the patient having failed, it was determined to employ the trocar. In this proceeding I selected the most prominent point of the tumor

in the rectum.* The entrance of the trocar not being followed by any discharge, it was withdrawn, and introduced a second time in nearly the same situation. About twelve ounces of colorless fluid now escaped by the canula, but not without frequently changing its position; since the opening was at times obstructed by the presence of the child. The fulness of the uterus having thus been diminished, attempts were again made to carry it above the brim of the pelvis, and this was effected in less than a quarter of an hour. When the organ had recovered its proper situation, the os uteri was found partially dilated, and the membranes somewhat protruding. A full opiate was prescribed, and the woman passed a better night than any in the previous month.

The next morning, although still in a state of great exhaustion, she was decidedly improved. Labor pains occurred in the evening of the 29th, and less than one hour sufficed, fortunately without hemorrhage, to exclude the contents of the uterus, twenty-five hours after the operation. The ovum was entire, the membranes perfect, and still retaining ten ounces of liquor amnii untinged

with blood. The foetus was perfectly fresh, and of the ordinary size at six months. The trocar both times had penetrated the substance of the placenta near to the insertion of the cord, and once had entered the abdomen of the child; forming an aperture through which nearly the whole of the small intestines were forcibly protruded by the pressure subsequently used. The second puncture was referrible to this unavoidable accident. It is worthy of remark, that, notwithstanding the placenta was twice perforated, hardly a teaspoonful of blood was lost.

The catheter was used but once after this time, when a pint of equally offensive urine was evacuated. Incontinence then supervened, and lasted nearly five weeks; and severe pains continued to be felt in the pelvis for some time. Copious vaginal discharge, added to the stillicidium urinæ, kept up a state of soreness and excoriation; and it was not until after a month that her urine lost its fetor. Considerable masses of coagulable lymph were often discharged, and, at separate times, four pieces of regularly organized membrane, which were mistaken for portions of the bladder, but which subsequent events happily proved to be parts of the vagina only. At the end of April she had the satisfaction of holding small quantities of urine, and in a fortnight could retain it almost as well as before her illness. The rectum was longer in recovering its tone than the vagina, purulent evacuations taking place from the former passage, with frequent and sometimes distressing tenesmus, until after she was in other respects well. It is pro-

* Mr. Baynham states, in a subsequent part of his communication, that although in this case the operation was performed by the rectum, he does not consider this an eligible situation. It was selected because the uterine tumor may be said to have pointed most distinctly in the bowel. Perforation of the uterus through the vagina he deems preferable, since, without an equivalent advantage, even so small a wound of the intestine ought to be avoided. Moreover, Mr. B. remarks, there will be less probability of injuring the placenta, which is usually attached to the fundus, and trifling as the chance may be of preserving the foetus, it is entitled to consideration.

bable that an abscess formed in the cellular substance, between the vagina and rectum, since the matter voided per anum was different, and more in quantity than the mere surface of the bowel could have yielded. She kept her bed three weeks before she applied to the dispensary, and did not leave until nearly a month afterwards. On the 7th of May, she was sufficiently recovered to leave home and engage in her usual occupation. Menstruation occurred in the first week of June, and she has continued in good health since that period.

V.

CASE ILLUSTRATING THE INTOXICATING EFFECT OF SULPHATE OF QUININE.

By CHANDLER ROBBINS, M.D.

For the Boston Medical and Surgical Journal.

THE following history displays not only the influence of quinine over the cerebral functions, but shows us in what quantity some constitutions (and perhaps all) will bear a remedy which is usually prescribed in doses of two or three grains.

On the 5th of January, I was requested to visit Mr. O., a young gentleman about 30 years of age, with a constitution naturally good, but health somewhat impaired by frequent attacks of intermittent fever. He first contracted this disease on the canal route, to Saratoga; and for many months had been in the habit of arresting the paroxysm at its onset by a liberal dose of sulphate of quinine, which almost uniformly effected his purpose, if taken immediately on the approach of such sensations as he

had learnt to consider premonitions of an attack. The day previous to my visit, such sensations having been rather more urgent than usual, he took *half a drachm* of the sulphate at a dose. This quantity produced no stricture across the chest, and no pain in the stomach; but in about three quarters of an hour he began to feel as if intoxicated. This feeling, which was precisely similar, he states, to that produced by an overdose of alcohol, increased so rapidly, that in about fifteen minutes his ideas became confused, and he was unable to walk without staggering. He succeeded, however, in getting his bed and some sleep, and the next morning complained only of loss of appetite, occasional dull pain and dizziness of the head, and a general languor and debility, and incapacity for business;—his symptoms, in fact, were such as are usually the sequelæ of inebriation, but more permanent, yielding but tardily to the remedies prescribed. This gentleman had no return of intermittent for a long time after, nor do I learn that it has ever troubled him since. He is now an excellent Editor of an excellent newspaper in the State of New York, and will probably recognise his case in the above details.

Franklin Place, Boston.

VI.

DR. PARSONS' REPLY TO MEDICUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My last prize dissertation, as printed, contains a verbal error, which has puzzled your correspondent "MEDICUS," and drawn from him a long criticism

for your last number. The word *from*, in line 7th, 2d column, of 1st page, should have been printed *upon*. I think you will find it so in the manuscript; for, on discovering the mistake, when the Journal first reached me, I turned to the first rough sketch of the dissertation, and found the words "the blood retires *upon* the central organs," instead of "the blood retires *from* the central organs."

The criticism of "MEDICUS"

is just, and you learn from it, Mr. Editor, that it was not without cause that I protested so strongly to the publisher against the course pursued with my dissertations, in publishing them without giving me an opportunity to examine the proof-sheets, or even the least intimation that they were to be printed at all, until they were actually struck off.

Yours, respectfully,

USHER PARSONS.

Providence, R. I., Oct. 1830.

BOSTON, TUESDAY, OCTOBER 12, 1830.

DR. PARSONS' REPLY TO MEDICUS.

WHEN any of our friends favor us with a communication for the Journal, without any special request to send them a proof for revision, it is our custom to have it so revised that the printing shall be the same, verbatim et literatim, as the written copy. This is more particularly the case with pieces written by persons out of town, and is the course generally adopted, we apprehend, by every journalist in the country. We can ourselves retain a proof but from one to four hours; and had we attempted, in the case in question, to send one to Providence and wait Dr. Parsons' amendments, fleeter horses would have been required than we have ever yet heard of—excepting once.* This Dissertation was sent us very kindly by the Secretary of the Boylston Committee who awarded it the prize, and published in this

journal by an express vote of that committee. On re-examining the printed with the written copy, we find them precisely alike. Even the word "*from*," which Dr. P. supposes to be an error of the press, is clearly so *written* in his copy, and must therefore have been a mistake of himself or his copyist.

Had we felt bound to send a proof to any one to look over, it would have been to the abovementioned Secretary, and no reasonable person would have thought us otherwise than mad, had we, after receiving it from such a source, with the vote alluded to, sitten down and written to Providence to inform Dr. P. of the fact that his production was to be published, or, when the writing was perfectly plain, pretended to send a proof-sheet to him for revision.

Dr. P. speaks of having protested to the publisher against the course pursued with his dissertation. We have never before heard of this protest, and now learn that it was enter-

* See this Journal Vol. I., pp. 452 and 453.

ed long after the dissertation was printed and in the hands of our subscribers. So far as this "course" refers to ourselves or the publisher, the facts above stated will be sufficient explanation. So far as it refers to the course pursued by the Committee, we must leave them to answer for themselves—simply adding that we conceive no man justified in offering for this prize any production which he considers not in a fit state to appear before the public.

INOCULATION.

It is a benevolent provision of the Author of Nature, that the great calamities, both physical and moral, with which the human race is visited, should find, in their own natural operation, in the state of body or mind they produce, in some inevitable reaction, or in the effort and ingenuity which they call forth, the means by which their fatal progress may be arrested. Examples in the moral world are the most frequent themes of history—and similar facts in the records of disease are among the most interesting topics of medical experience. The sweating sickness—that fearful enemy of the human race—ceased, we know, after a certain number of years, as unaccountably as it had commenced, and is now only known in history. The plague, which has threatened from time to time to depopulate whole cities, which has carried its ravages from city to city, defying all the efforts of medical aid, granting no immunity, nay, permitting no distinction, to rank, sex or age,—this, too, has

yielded after certain periods, and been compelled to remit the work of destruction—the atmosphere has become incapable of communicating it, or the human frame been rendered callous to its influence—some unknown change has occurred, and the destroyer, for a time at least, been rendered powerless. The facts which regard those diseases where human ingenuity or good fortune has found specific remedies, are not less admirable. That malady which visited Europe four centuries since, and which so soon extended itself over that whole region,—whose progress was as rapid and destructive as its origin was mysterious,—whose effects, if not so fatal as those already referred to, were yet scarce less to be dreaded,—has found its antidote in a more recent age, and, through the influence of this discovery, has been rendered a mild and tractable disease.

Of these revolutions, however, which art, accident, or unknown causes, have produced in epidemic or endemic disease, none is more worthy of consideration than the influence of inoculation on eruptive fever; and it is accordingly on this subject that we propose to offer a few remarks.

The earliest, as the most important, application of this practice, seems to have been to the disease of smallpox. The period at which it was first employed is involved in some obscurity; but it is remarkable that with the earliest authentic records of the existence of smallpox, we have accounts of its being propagated by inoculation. These ac-

counts come to us from an early period in the history of China, where, from time immemorial, inoculation for smallpox appears to have been practised. At what precise period the disease was first known, and how long it continued its ravages before this means of moderating its violence were discovered, does not appear to have been discovered. By some, the disease is thought to have been known to the Greeks and Romans; but this is denied by others, and the supposition does not rest on very strong foundations.

Inoculation for smallpox, therefore, seems to have been practised in the East, long before the disease became known in Europe. From China it passed, as it appears, into India, and from thence to Asia Minor. Whether the knowledge of its effects was subsequently transmitted to Europe, or whether its discovery was there the result of fortunate observation, cannot now be determined with certainty. From tradition, however, it appears that it was early known in Great Britain; and the custom of *buying* the smallpox, as it was called, existed both in Wales and in the Highlands of Scotland, from a very remote period. The practice, however, would seem to have been supported by popular prejudice only; for it was still confined to a small part of the British Empire, when the zeal and enthusiasm of Lady Montague brought it into more general notice in that country. Its introduction, however, was far from being immediate; and with so much suspicion were the accounts of its success received, that,

in the year 1721, its effects were ordered to be tried on six condemned criminals, whose lives were redeemed by recovery from the disease produced. The result of this experiment encouraged farther attempts, and the favorable opinion of the public became more confirmed. Unfortunately the practice, at this period, in both the natural and acquired disease, was a mistaken one, and thus the efficacy of inoculation was exceedingly impaired. As the science of medicine advanced, this practice gradually altered, and its change was followed by the triumph of inoculation over the prejudices which impeded its progress. It became finally established about the middle of the last century, and was regarded as the best and only guard against the natural smallpox, till the discovery of Jenner, in 1798, offered a new and more successful prophylactic.

The principal circumstances which distinguish the artificial from the natural smallpox, regard the severity of the local and the constitutional disease, the length of their continuance, the degree of danger, and that of the consequent personal deformity. In the natural disease, the eruption appears on about the fourth day of the fever. It occurs first on the head and breast, gradually extends itself to other parts, and by the seventh day is usually full over every part of the body. Such is the case in both the mild and severe variety of the disease; but in the latter the pustules are more numerous, and, instead of remaining separate, become confluent, or joined together.

The fever corresponds to the local symptoms; moderate in the distinct smallpox, it is far more severe in the confluent variety, and it is the latter modification which most frequently proves fatal. The height of the eruption, in these severe cases, occurs about the eleventh day, at which time the secondary fever, as it is called, takes place, and which is the period of the greatest danger. From this time, in favorable cases, the disease begins to subside, and the eruption finally disappears about the eighteenth day. But if the constitution is incapable of sustaining the conflict in which it is engaged, all the symptoms, from the above-named period, become rapidly more alarming; the pulse sinks, coma or delirium supervenes, petechiæ appear over the body, and within two or three days the patient expires. Even when the result is otherwise, the constitution suffers severely from the struggle by increased liability to disease, and the person bears through life the traces of the deformity thus inflicted.

Smallpox then may well be regarded a fearful malady; and happy was it for mankind that the means of modifying its character were so early discovered. A mere difference in the mode of communicating the disease, the circumstance of applying the virus of the eruption to a particular part of the body—a difference from which no such effect could possibly have been anticipated—has been found capable of changing this terrible malady to one scarcely formidable,—to one hardly felt in the majority of cases as more than a

temporary inconvenience. In the inoculated smallpox, a minute drop of the virus is deposited under the cuticle. The puncture nearly disappears, and is hardly visible for two or three days. After this, a small papula may be traced, sometimes accompanied with slight inflammation. On the sixth day pain and weight are felt in the axilla, in consequence of the virus being absorbed. Some fever occurs on the seventh or eighth, and is followed by the eruption. A pustule forms at the place of the puncture, and sometimes a few in its neighborhood; farther than this, the disease seldom extends. The decline of the eruption begins about the tenth day, and its disappearance occurs about the fifteenth. Slight scars remain on the spot which had been occupied by the pustules. A fatal termination, when a case has been correctly treated, is a rare occurrence.

There existed a doubt, for a considerable period, whether so mild a disease as that now described could procure an immunity from future infection, equal to that afforded by the natural smallpox. The question seems to have been decided triumphantly in the affirmative. In fact, although neither inoculated smallpox, nor the natural disease in either of its forms, affords a full security against a second attack, yet two facts are abundantly proved: First, that the mild smallpox secures the constitution from future attacks as fully as a severer form; and, Secondly, that the natural disease offers in this respect no advantage over the acquired.

But it is next inquired, how is it

that the disease received from a puncture presents symptoms so much milder than that communicated by atmospheric infection or ordinary contagion? This is a problem which still remains to be solved. It may be said, indeed, that the previous preparation which is made and the precautions which are taken when the disease is about to be received, lessen the irritability of the system, and consequently the violence of the attack. But besides that these previous precautions are not limited to the cases where the disease is thus taken, the principle, if admitted, would go too far; and it would follow, that persons thus prepared should be not only less affected by the disease, but less susceptible of receiving it; and in such persons, accordingly, the operation ought frequently to fail—which is not found to be the case. Something however may be attributed to the state of the pustule from which the virus is taken. The period at which the matter is obtained is previous to the height of the eruption, and the cases which furnish it are more likely to be those which present the more favorable symptoms. The natural infection, on the contrary, is received from an atmosphere loaded with disease; and it may be that the only materials which are capable of acting when dissolved or suspended in so volatile a menstruum, are those of the most malignant and fatal character. The real source of the distinction between natural and inoculated disease is, however, most probably unknown; and perhaps far more knowledge must be attained of the real nature

of contagion than now exists, before this interesting question can be satisfactorily settled.

In 1798, Dr. Jenner published his discovery of kinetopock inoculation as a preventive of smallpox. The effects which this discovery has had on the latter disease, and the arguments by which its efficacy is established, are well known, and need not here be recapitulated. It is more interesting, in connection with the present subject, to glance at the changes which inoculation produces in the kinetopox itself, and see how far these correspond with those already noticed in the disease of smallpox.

The natural cowpox first attracted attention in the county of Devon, in England, as a pustular eruption derived from the udder of cows, and showing itself on the hands of milkers who had milked these animals when thus disordered. When the infection has been received in this manner, vesicles more or less numerous make their appearance about the joints or extremities of the fingers, in a circular form, having a slight central depression. The constitutional influence is marked by pain in the head and limbs, lassitude, chills and accelerated pulse. The head sometimes suffers severely, and occasionally delirium occurs. The vesicles gradually become filled with pustular fluid, burst in three or four days, and are slow in healing. The fever ceases about the seventh day. The matter from the sores is highly contagious, and communicates itself readily to any part of the surface if scratched or rubbed by the fingers when charged with it.

Such is the course of the natural cowpox; and mild as this disease may seem when compared with either form of the smallpox, it will still be found to be greatly modified in that variety which is artificially produced. For two days after the matter of cowpox is inserted under the cuticle, no effect whatever is produced, and the puncture, if not considerable, entirely disappears. On the third day, a minute inflamed spot becomes visible. This gradually increases in size, and produces a small circular tumor, slightly elevated. About the sixth day, the centre of the tumor begins to assume a vesicular appearance; this soon becomes more manifest, and on the eighth day the vesicle is formed. At this time some constitutional influence is perceptible, which continues for one or two days, and then subsides spontaneously. After this period the vesicle gradually dries up, and falls off about the fourteenth day, if not previously loosened by accident. No treatment is required.

We see, then, that natural and artificial cowpox are related to each other nearly in the same manner as the corresponding forms of variolous disease; and the question naturally occurs, whether either of the theories which have been advanced to explain the difference in the latter case receive any confirmation from the phenomena of the former? Previous preparation, it is evident, can have no influence on the vaccine eruption, because no such preparation is employed; and so far as any inference is allowable from this fact, it tends to weaken our confidence in the effect

of this circumstance on inoculated smallpox. The other theory, by which the superior virulence of atmospheric contagion was attempted to be explained, seems at first sight equally inapplicable to this disease: for both the natural and artificial cowpox are communicated by contagion. The principle, however, is really applicable in an equal degree to both diseases; for it will surely be admitted as possible that the same virulence which is necessary in one case to render the disease infectious, may be requisite in the other in order that the sound skin may be susceptible of its influence; and if it be granted that the virus of smallpox can communicate its influence through the atmosphere only when it proceeds from a peculiarly malignant disease, it is reasonable to suppose that the matter of cowpox can act on the whole and uninjured surface only when the eruption is unusually severe. That the cases from which matter is taken for inoculation are likely to be those of a mild character, is true in this as in the last disease. This idea certainly receives some countenance from the meliorating effect which has been attributed to successive inoculation; and from the fact that, so far as the subject has been investigated, the vaccine disease itself appears to have been assuming a milder character from the period when it first attracted the attention of the public.

The attempts which have been made to extend the benefits of inoculation to other diseases must be regarded with some interest, though they have not as yet led to any im-

portant practical results. In truth, the other forms of eruptive fever are either so limited in their influence or so mild in their character, as scarcely to require any aid from this source. In plague, which approaches the nearest in importance to smallpox, a few experiments have been made of this mode of communication. One of these cases of inoculated plague terminated fatally; others have been more fortunate; but, on the whole, the encouragement has not been sufficient to induce a prosecution of these trials. In measles, the number of experiments has been greater, but the results are equally unsatisfactory. In some cases the disease has been produced; and even where eruption has followed, it does not appear that an immunity is afforded against future attacks of the disease. The practical advantage, therefore, of inoculation, must at present be considered as limited to the prevention of smallpox; its efficacy in other eruptive diseases remains to be decided by the result of future experiments.

PRIZE ESSAY.

THE *Medical and Chirurgical Faculty of Maryland* offer a premium of one hundred dollars for "An Essay upon the Nature and Sources of Malaria or Noxious Miasma, from

which originate the family of diseases usually known by the denomination of Bilious Diseases; together with the best means of preventing the formation of Malaria, removing the sources, and obviating their effects upon the human constitution when the cause cannot be removed."

The dissertations must be delivered to Dr. Henry W. Bayley, Corresponding Secretary, Baltimore, on or before the 1st of May, 1831. "Each dissertation to be accompanied with a sealed letter, superscribed with a motto corresponding with that prefixed to the essay."

Hypochondriasis.—We notice in the *American Lancet* a few remarks on this subject, originally from our pen, credited to the *London Medico-Chirurgical Review*. Although the article is short, we are desirous of the credit due us for all that is thought worthy of being transferred to the pages of other journals, and have therefore thought proper to make this notice. No error is attributed to the editor of the *Lancet*, since the article alluded to was copied from our journal into the *London Review* without giving any credit whatever,—an inadvertence, no doubt, in the highly gifted and distinguished editor of that interesting work.

Smallpox.—It is well known that there have been within the week five cases of this disease in Boston. They have been sent to the Island, and four at least we understand to be doing very well.

REPORT OF DEATHS IN BOSTON, THE WEEK ENDING OCTOBER 9.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Oct. 1.	M.	22 mo	teething		F.	34 yrs	inflammation of liver
2.	F.	48 yrs	cancer in the womb	5.	F.	17 mo	dropsy in head
	F.	42	unknown	6.	M.	66 yrs	consumption
3.	M.	16 mo	teething	7.	M.	26	unknown
	M.	18	infantile	8.	F.	42	do.
	M.	34 yrs	debility		M.	18 mo	do.
	M.	64	paralytic		M.	2 yrs	croup
2 children		1 day			M.	31	consumption
4.	F.	10 mo	inflammation of bowels		M.	30	do.
	F.	31 yrs	consumption	9.	M.	35	do.

Males, 12,—Females, 6. Total, 20.

ADVERTISEMENT.

BOYLSTON MED. PRIZE
QUESTIONS.

AT the annual meeting of the Boylston Committee on Prize Questions, held on Wednesday, the 4th day of August, 1830, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Charles Caldwell, M.D., Professor of the Institutes of Medicine, &c. in the Transylvania University, Lexington, Ken. for a dissertation on the Question, "Whether Fever is produced by the decomposition of animal or vegetable substances; and if by both, their comparative influence?"

Another premium of the same value, was also awarded to Usher Parsons, M.D., Professor of Anatomy, &c. in Brown University, Providence, R. I., for a Dissertation, "On the connexion between cutaneous diseases which are not contagious and the internal organs."

The following Prize Questions for the year 1831 are now before the public, viz:

1st. "The History of the Autumnal Diseases of New-England."

2nd. What insects in the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?"

Dissertations on these subjects must be transmitted, post paid, to Thomas Welsh, M.D., Boston, on or before the first Wednesday of April, 1831.

The following Questions are now offered for the year 1832, viz:

3d. "What is the cause of Fistula Lachrymalis, and what is the best mode of treating the disease?"

4th. "What are the circumstances in which the drinking of cold water in hot weather proves injurious? What are the diseases which arise from this cause, and what is the best mode of treating these diseases?"

Dissertations on these subjects must be transmitted as above on or before the first Wednesday in April, 1832.

The author of the successful Dissertation on either of the above subjects will be entitled to Fifty Dollars or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and

within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2nd. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connexion therewith.

GEO. HAYWARD, Secretary.
Boston, August 6th, 1830.

ABERCROMBIE ON DISEASES
OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 183 Washington Street.

PRIZE DISSERTATION.

FOR sale, at the Office of the Medical and Surgical Journal, a few copies of the numbers containing Dr. Caldwell's Prize Dissertation.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. III.]

TUESDAY, OCTOBER 19, 1830.

[No. 36.]

I.

REMARKS ON SUPERFICIAL CANCERS,
IN WHICH THE PATIENTS WERE
CURED WITHOUT THE AMPUTATION
OF IMPORTANT ORGANS.*

By M. LISFRANC.

Read at the Academy of Sciences of Paris.

THE object of the author of this memoir is to prove that the surgeon may frequently save either a part or the whole of an organ, in cases which have been before considered to require the complete removal of it. Recent discoveries in pathological anatomy have shown that cancerous diseases do not, at the same time, invade all the tissues of the organ attacked. For example, in cancer of the stomach the disease is sometimes limited to the muscular tunic, or to the cellular substance which unites it to the mucous membrane, and when all these parts are affected with the disease, we may detect, by a careful dissection, the particular part in which the malady originated. This progressive succession in the march of cancerous diseases has for a long time attracted the attention of M. Lisfranc, in his examination of the bodies of patients who had died with cancer of the breast. He ascertained, by the most attentive investigation, that the disease had for years been arrested by the

pleura, which remained untouched in the midst of the malady which surrounded it. In three subjects which had died with old carcinoma of the umbilicus, he remarked that the peritoneum offered the same opposition in the abdomen as the pleura in the thorax, to the extension of the disease. The same fact was observed in various cases in which the parts attacked with cancer were contiguous to cavernous bodies.

In reflecting upon these facts, M. Lisfranc conceived the possibility of turning to the advantage of surgery the evidence afforded by pathological anatomy. Having observed that, in the majority of cases, cancer is confined to one tissue, he inferred that it might be necessary to remove only the part diseased, and not the whole organ. Experience soon proved that this idea was correctly formed, and many operations conducted upon this principle were crowned with the most complete success.

In two cases of cancer of the penis, the patients were saved from the most melancholy of all surgical mutilations. In the third case, the patient was attacked with cancer of the tongue. The two right thirds of the organ were diseased, and were hard, tumefied, and ulcerated; the whole substance being affected. Many of the most distinguished surgeons of Paris had seen the patient, and all of them had advised the total extirpation

* London Medical and Surgical, from a French Journal.

of the two thirds which were diseased. The healthy parts were separated from the diseased parts with a bistoury, and the latter were surrounded with a ligature, which was drawn moderately tight. No bad symptom followed, and during the succeeding six days the tightness of the ligature was gradually increased: the portion included within it shrunk, became black, and fell off. The natural breadth and length of the tongue were still preserved, with the exception of a very small portion of the tip. The superficies had alone been diseased, and that alone was sacrificed by the operation. The parts beneath remained, and cicatrized under the influence of emollient and resolvent applications. A small ulcer remained for some time, but yielded to cauterization with the nitrate of silver. Several months afterwards the patient was shown to the Academy: he was perfectly cured, and enabled to resume his business of an advocate, in the exercise of which his tongue was, of course, a most important part.

M. Lisfranc, in concluding his memoir, draws the following conclusions:—

1. That, whatever may be the ravages inflicted upon the organic tissues by cancer, nature tends to limit the extent of the disease.

2. That morbid anatomy having afforded probable evidence of the nature of these limits, we may hope to save the organs affected, by removing only the tissues which are diseased.

3. That this idea, derived from the progress of pathological anatomy, has been acted upon with success in the cases related, and in many others which will be submitted to the profession.

That we sincerely hope the opinions of M. Lisfranc may prove to be well founded, will not be doubted; but, upon a subject of such vast importance, the clearest and most satisfactory evidence will be required. It will be necessary to instruct us how we are to ascertain the extent of cancerous disease. By what means shall we determine that one component tissue of an organ is affected with the malady, and that another is not? M. Lisfranc has formed his opinion of the limits which nature assigns to cancer by dissection; but the question is not how we may establish this important fact in the dead body, but how we may discover it in the living, so that we may adapt our practice to the extent of the disease. If, however, M. Lisfranc had only thrown out a hint upon the subject, totally unsupported by practical experience, it would demand the attention of the profession; but he comes before us with stronger claims—the successful result of his practice. We earnestly wish that other surgical observers may confirm his views, and that the partial removal of a cancerous organ may be found to be safe and justifiable. At present we confess we are not satisfied upon this point, although we are much gratified at the distant prospect M. Lisfranc presents to us of the possibility of lessening the severity of many dreadful surgical operations.

II.

SUPPOSED POISONING BY MERCURY.

From the *Medico-Chirurg. Review*.

M. ORFILA has published a long paper on this subject in a recent number of the *ARCHIVES*, the

proximate cause of which may be first succinctly stated.

On the 3d of July, 1829, a female named Villoing, residing at St. Brisson, having then been ill for five or six days, was visited by Dr. Carron, at her own request. She complained of great oppression at the epigastrium; frequent inclination to vomit, and occasional discharges of bilious matters; full pulse; flushed face; eyes and countenance yellow. The husband said that the cause of his wife's illness was fatigue. Dr. C. ordered a grain of tartar-emetic by lavement, and desired the husband to report next day. A report was made that she was rather better, but still harassed with sickness. He prescribed an opiate. Two days afterwards the doctor was summoned in great haste to the patient, but did not find her worse, according to appearances, and still considered the complaint as a bilious affection, reiterating the opiate medicine. He prognosticated a speedy recovery: but on the morning of the 7th of July, he was astonished to learn that the patient had died the preceding evening. The vomitings, he was informed, had become extremely frequent for some hours before death. Several poisonous substances, as oxymuriate of mercury, arsenic, &c., were found in the house. The body had been buried, without any suspicion of poisoning; but was disinterred some days afterwards by orders of the Procureur du Roi. The examination of the body, by Drs. Carron and Ballot, took place on the 22d of July, fifteen days after interment. Considerable decomposition had taken place, and the most horrible effluvia issued from the body. The thorax, the heart and lungs, offered

nothing remarkable. The internal membrane of the œsophagus was injected, but neither softened nor ulcerated. On opening the abdomen, the dissectors were astonished to perceive that the abdominal viscera appeared to be those of a corpse recently deprived of life. No effusion, no adhesion. There was a considerable quantity of air in the intestines; but the sides of the stomach were in close contact. On closer examination, two perforations were found in the stomach, at its inferior and anterior part, together with several discolored spots, both on the exterior of the stomach and of the intestines. The liver was greatly enlarged, and its surface emphysematous. The pancreas and spleen, although of a dark color, were not altered in texture by putrefaction. The same with the kidneys. The stomach was very large, and a patch of intense redness, two inches in extent, was visible on the mucous membrane of the smaller curvature, and the two perforations above mentioned, the external apertures of which were wider than the internal. The mucous membrane of the organ was intensely red about the cardiac orifice, and this redness spread along the lesser curvature. The great cul de sac was also the seat of red arborization, in which were erosions. The internal orifices of the perforations were clean cuts, as if made by a circular chisel, and without any surrounding redness. There was nothing unusual in the appearance of the pylorus. In the stomach, duodenum, — in short, throughout the whole tube, were found numerous globules of mercury, and about two drachms were collected pure. The membranes themselves were covered with a

kind of mercurial dew (*rosée mercurielle*) formed by globules infinitely divided. Numerous experiments made on the contents and on the tissues of the stomach, intestines, and other organs of the body, could not detect any trace of poisonous substance, beyond the metallic mercury above mentioned.

The two physicians made the following remark :—As there is no other way of proving the administration of corrosive sublimate, after it has combined with the tissues and formed submuriate of mercury, than by reproducing the metal, and as crude was already found in the stomach and bowels, such revication of the metal would not afford any proof of poison, since it might be said that the metallic mercury recovered from the tissues, was only the metallic mercury that had penetrated into them previously. Nevertheless they thought such a reproduction would afford suspicions of poison having been taken.

M. Orfila then set about making two series of experiments,—the *first* by exhibiting to dogs the oxymuriate of mercury, with the view of obtaining the crude metal from the tissues with which it had combined,—the *second*, by exhibiting the same oxymuriate, along with substances that are known to be capable of decomposing it in our laboratories. In respect to the *first* series :—If thirty or forty grains of sublimate are given to a dog, he is destroyed in a few hours—from four to ten or twelve. If the body be buried for three or four months, then disinterred, and examined, no crude mercury can be discovered. But if the tissues are exposed to the action of potassa at a white

heat, crude mercury will be volatilized from the state of calomel in which it had been transformed by the combination with animal matters. This proves, therefore, that the decomposition of sublimate in the body does not present globules of mercury, but submuriate of quicksilver.

Second Series.—Corrosive sublimate, dissolved in water, is decomposed, so as to furnish metallic mercury, by iron, copper, zinc, arsenic, and phosphorus. Albumen, gelatine, alcohol, or oil, have not this effect.

By numerous experiments and reasoning, however, which we have not room for here, M. Orfila comes to the conclusion that there was no proof whatever afforded that any of the salts of mercury had been swallowed by the deceased Villoing. He stated that the probability was that the postmortem appearances were the result of disease (inflammation), and that crude mercury had probably been administered under the popular notion that obstructions are cleared away, and pains alleviated, by that metal.

III.

CATALEPSY.

A CASE of this strange disease having recently appeared in the Royal Infirmary of Edinburgh, the clinical remarks of Dr. Duncan have been collected and published in a weekly contemporary. We shall take a short notice of this case, the more especially as one not very dissimilar is at the present moment under our care.

The northern patient was a young woman 25 years of age, who became affected with cata-

lepsy about the first of February of the present year, and was received into the infirmary on the 5th of the same month. She was first discovered sitting in the kitchen like a statue, stiff and insensible—yet her limbs yielding easily to any force which was applied, and remaining in any position in which they were put. When received into hospital, there was complete loss of voluntary motion occurring in paroxysms, and continuing about ten minutes at a time, during which the limbs retained a certain degree of flexibility, but resisted, to a certain extent, the application of external force. During the fits there were slight convulsive writhings of the muscles—the eyes were not turned up, as in epilepsy, but rolled about, the pupils dilating and contracting. Before the commencement of the paroxysms she feels a fluttering about the heart, general faintness, and heaviness about the head. After the paroxysm is over, she feels a universal soreness of the limbs, as epileptics do, attended with a severe pain in a certain part of the spine, which is tender to the touch. The tongue was white, pulse 70 in the intervals; but rapid and feeble during the fits. *The catamenia had appeared at the proper period, before the commencement of the disease, but were suddenly suppressed by cold.* Some inhuman sceptic had torn two pieces of skin off her hands in one of these paroxysms!

The case continued much the same, not at all relieved, till the 15th of February, when severe pain was complained of in the right iliac region, which, though reasonably considered as nervous by Dr. Duncan, was treated by

leeches, lest inflammation should actually exist. During the cataleptic paroxysms she was, of course, free from pain; but the moment they were over, she screamed out from the violence of the agony. The iliac region was extremely tender to the touch; but no tumor was perceptible. The leeches bled freely—a fetid enema was thrown up, but speedily returned. Powerful anodynes were given both by the mouth and anus, yet without any effect. A warm bath and a still more overwhelming opiate allayed the agony. In the course of little more than twenty-four hours she had taken 125 drops of Battley's sedative liquor, 120 drops of common laudanum, two grains of solid opium, besides castor, ether, valerian, and most of the stinking drugs in the pharmacopœia. These and other circumstances induced Dr. Duncan to conclude that the disease was of a purely nervous character, and, in fact, that it was one of those singular and strange forms which hysteria occasionally assumes.

After this the complaint took on another new but temporary form. On the 3d of March the patient received some unpleasant intelligence, and requested her dismissal. This being refused, a very severe paroxysm occurred, and lasted three quarters of an hour. Several of these attacks came on in the course of a few hours.

“ During the last fit, the mental functions appeared to be maintained in considerable precision; she sung psalms, and prayed with exactness and correct modulation; and once having stopped short in repeating the Lord's prayer, she, in a few seconds, resumed it

where she left off. The most extraordinary circumstance, however, was the singular action of the muscular system; at one time she was bent entirely backwards, resting only on the crown of her head and her heels, as in episthotonos; again, she was bent forwards, and, finally, she was drawn forcibly to either side. In short, during this attack, all the phenomena of epilepsy, hysteria, and well-marked tetanus, were present."

Soon after this the patient was attacked with variola, and on the last of March she was dismissed in a state of tolerable convalescence. It appears, however, that, on the 19th of April, she returned to the hospital with all her symptoms nearly as violent as ever.

Dr. Duncan appears to have taken considerable pains to prove that, contrary to the doctrine of Cullen, catalepsy may be real, and not feigned. We have not the smallest doubt of the reality of the disease in the foregoing, and in many other cases. We are, at this moment, attending a young lady who has cataleptic attacks every day, and many times during each day. They are generally so transient as to be mostly imperceptible in company—and her great object is to conceal them. They escape notice, except upon particular occasions. Thus, if she is reading, or playing on the piano-forte, the sudden cessation of voice or action is remarked, of course. But if she is merely sitting in company, or joining in general conversation, it is ten to one if the cataleptic suspension of volition be perceived. Once in six or seven days she is seized with a convul-

sion, in all respects answering to pure epilepsy. The attack commences with a shriek—she falls down—struggles violently—becomes hideously distorted—bites her tongue—and requires two or three attendants to constrain her contortions. She then falls into a sound sleep, and awakes sore and rather poorly, but unconscious, except by these sensations, of what has passed. The complaint has been gradually increasing in violence and frequency, from the age of six to eighteen years. The catamenia have only appeared once, and have not since recurred. Moving in a high sphere of life, this young lady has had the very best—and perhaps the very worst, advice which England could afford. Not the slightest impression has ever been made on the distressing malady—on the contrary, it has progressively augmented in force. Although the intellectual faculties have suffered less than might have been expected, they have not escaped uninjured. The memory is impaired, and application to some particular studies is greatly abridged. She dares not indulge in music—and she is incapable of making the slightest progress in arithmetic. She cannot perform even the most common operations in figures. She delights in history; but the impressions are like those made in water, or, at most, in sand. They are soon obliterated. The eyes are expressive—the pupils very large; the complexion exquisitely fair; the features beautiful; the temper mild; and the anxiety to be relieved from her malady intense. The intestinal secretions and excretions are exceedingly depraved, and the catamenia are stopped. These

last are phenomena which she cannot feign, if she would ;—but who could be so sceptical, or rather so insane, as to imagine that the other distressing phenomena, which deprive her of the pleasures which her rank in life entitles her to, and which she longs for, can be the work of deception? It is preposterous. Her great object is to veil her attacks, and the cataleptic paroxysms usually escape the observation, except of her parents or intimate relations. If she is reading, for example, she will suddenly stop, for an instant—perhaps for half a minute or a minute ; being, for that period, like a marble statue—and then she utters a kind of sigh, and takes up the word, or part of the word, where she had stopped. Considering the length of time which the complaint has obtained, we cannot, of course, form any sanguine hopes of recovery. The first object which we have in view, is to correct the alvine derangements and to reproduce the uterine functions. The result of the case we shall freely and candidly communicate to our readers.

To revert to Dr. Duncan's patient. After concluding that her malady was not feigned, and, indeed, could not be feigned, he remarked as follows :—

“The symptoms of the case viewed together, might be arranged under the following heads: 1st, total loss of external perception and sensation ; 2dly, suspended volition ; 3dly, the continued action of the mixed and involuntary muscles. It was a matter of speculation, whether the functions of the mind were also suspended or not ; of their continuance, as yet there had been

scarcely any evidence ; at the same time there were no grounds sufficiently conclusive of their temporary absence. During the fit, there was a complete semblance to the view, of sound and healthy sleep ; her sleep, however, differed considerably from natural repose ; healthy sleep was that consecutive of exhaustion, or the necessity for which was occasioned by extreme mental exertion ; under ordinary circumstances, too, it was gradual in its approach. Morbid sleep, on the other hand, (under which cataleptic and epileptic sleep and somniation were included) was sudden in its seizure, and independent of previous exhaustion or periodical habit ; the varieties of morbid sleep were again distinguishable from each other by the mode of resuscitation, the state of the muscular system, the presence or absence of mental phenomena, &c. Thus, in epilepsy, the fit departed gradually, and left the patient in a state of lethargy, or sopor ; in catalepsy, the awaking was comparatively immediate, and during the fit the muscles were in the state of rigidity characteristic of the disease ; in somniation, the awaking was also sudden, but the sleep was accompanied by speaking, singing, extravagant gesticulations, and other marks denoting the presence and activity of the mental functions. In this patient, therefore, the cataleptic state was indicated by the mode of awaking, the muscular rigidity, the insensibility during the paroxysm, and pain and external noise.”

In reviewing the case, on the patient's discharge from the hospital, Dr. Duncan observed that the symptoms and character of

the malady had considerably varied during the progress of the complaint. These variations he was inclined to refer rather to a "modified form of hysteria than to any other disease." As the case proceeded, the paroxysms became more and more accompanied by gesticulations, singing, &c., instead of the rigidity of catalepsy. The form of hysteria approached the epileptic, as, in the paroxysms, the patient was totally devoid of consciousness or feeling. The remedies which gave most relief in this case, were those which are most useful in hysteria—antispasmodics, narcotics, and purgatives. The shower bath had been employed two days after her admission, and apparently with some benefit at first; but subsequently with mischief. Powerful purgatives brought away pitchy stools, and temporary relief followed. Indeed, the purgation appeared more beneficial than any of the other remedial measures, till the new symptom of excruciating pain in the abdomen set in, when leeches were applied. This pain was so torturing, that the accession of the cataleptic paroxysm was desirable, as a temporary insensibility to sufferings. The cause of these sufferings Dr. D. was unable to explain—who, indeed, can hope to explain the mysteries of the nervous system in hysteria? One thing is certain, that depletion did not relieve this excruciating pain. Dr. D. alluded to those unaccountable tumors which sometimes show themselves in hysterical females about the groins, causing dread of hernia in the minds of medical attendants. He was convinced at any rate that these tumors

were *internal*, or situated beneath the muscles constituting the abdominal parietes. In this case flatulence was very distressing. In one instance, after a fright, the spasms became actually tetanic, and lasted four hours, during which time, though the muscular system was in a state of cataleptic rigidity, she sang hymns and repeated the Lord's prayer in a perfectly rational manner. During the eruptive fever of the smallpox, the paroxysms went on; *but were suspended during the presence of the eruption itself.* This was a fortunate circumstance, as a continuance of struggles, during the eruption of pustules on the surface, would have been most distressing. The alcoholic extract of nux vomica was afterwards given in large doses, so as to induce a considerable degree of narcotism. From this time she gradually improved till she was discharged—but whether this improvement resulted from medication, or one of the freaks of the malady, it would be difficult to say. One thing is certain—that, in less than three weeks, she returned in statu quo, and remains in the infirmary. We shall report on both the cases mentioned in this paper on a future occasion.—*Ib.*

IV.

THE PLÁGUE OF ATHENS.

For the Boston Med. and Surg. Journal.

MR. EDITOR,—Among the most interesting accounts of disease which have descended to us from ancient times, must certainly be ranked that of the epidemic which raged in Attica, in the year B. C. 430, usually denominated the

Plague of Athens. This disease is thought, by Dr. Good and other medical authorities, to be the same which, under the same title, has spread its ravages so widely in modern times. Considering this assertion to require some modification, I have thought it might not be uninteresting to notice certain peculiarities of this malady, either as distinguishing it from any now known, or common to it with others which have received a different appellation.

The symptoms which marked the commencement of this disease, as we are told by Thucydides, were heat of the head, redness of the eyes, and inflammation of the throat and tongue, accompanied by hoarseness and sneezing, and fetor of the breath. These sometimes supervened on other diseases, but more frequently came on without any warning whatever. To these succeeded pain in the chest and violent cough. Presently the stomach became the seat of irritation, as was manifested by abundant evacuations of bile in both directions, accompanied with excessive pain. In most cases, hiccough occurred, with spasm, sometimes momentary, but often of considerable duration. The skin was not hot to the touch, but somewhat red, and broke out in small pustules and ulcers; but the heat within was so excessive, that the lightest garments could not be borne, and the sufferers eagerly threw themselves into cold water, being devoured by unceasing thirst. While this severe form of the disease lasted, there was little emaciation, the system appearing in this respect to offer a remarkable resistance to the force of the malady, so that many died on the se-

venth or ninth day, still retaining apparently some vigor; but after this stage had passed, an ulceration of the bowels often ensued, with obstinate diarrhoea, and the patient expired when worn out by wasting and debility. Thus the disease seemed to take a regular course from above downward—and many, after resisting the primary symptoms, yielded gradually to the metastatic affection, or recovered with the loss of one or more of the extremities, or perhaps of the eyes; and many continued afterward in a state of fatuity, forgetting all that had passed, and unable to recognise their friends or relations. The disease seldom appeared twice in the same person, and never so as to be fatal on a second attack.

Such, with the addition of some proofs of the malignity of the malady and its resistance to remedies, are the principal facts which appear in the history of this disease as given by the ancient historian. If his description, then, be admitted as complete and accurate, it presents some striking points in which the disease differed from the plague as it is now described by travellers who have the opportunity of viewing it in the East and in Egypt. By them the plague is described as characterised by buboes, which appear principally in the inguinal region, but also in other parts which form the seats of considerable glands. In the description of Thucydides there is no mention whatever of this symptom. The disease is indeed said to have descended into the pudenda, which are classed with the hands and feet as extremities, and which are said to have shared the fate of the latter in those patients who

recovered. The author's meaning, however, seems plainly to be, that these several parts were liable to destruction by gangrene. The word itself is unequivocal, and entirely distinct from the term which signifies the groin, and which is also the Greek term for bubo itself. If abscesses have occurred, such as now take place in plague, their usual progress and termination could not fail to have been remarked and recorded.

It is to be admitted, indeed, that diseases have been described under the name of plague, in which buboes were only of occasional occurrence. Thus we have the Aleppo plague, in which the eruption appeared under the form of buboes, carbuncles, or other exanthemata; the plague of London, in which an erysipelatous eruption sometimes occurred, which is compared by Sydenham to St. Anthony's fire; and the plague, or erysipelas pestilens, of Lorraine, which, while it is said to have produced abscesses in the glands, assumed the form of ignis sacer in the extremities, where it sometimes terminated in gangrene. In all these, however, and other epidemics which in modern times have been recognised as plague, the bubo or carbuncle is still pointed to as constituting the character of the disease; and did no such circumstance exist to constitute a leading symptom, it would be impossible to unite them by any definition except such as should include other eruptive fevers, and under which might perhaps be arranged, with perfect propriety, diseases as dissimilar as erysipelas and smallpox.

In truth, it must be confessed that the description given of the

plague of Athens, though highly interesting, and in a style eminently worthy of its illustrious author, is not sufficiently accurate and detailed to enable us to determine positively whether the disease described conformed, in all its parts, to any epidemic with which we have been acquainted in modern times. We have, however, as is well known, the description of an epidemic by Lucretius, which is thought to be a copy from Thucydides, and in which, besides giving some additional symptoms, the author compares the violence of the malady to that of the sacer ignis.

“Corpus ut est per membra sacer quum diditur ignis.” Now sacer ignis is the term employed by Celsus to designate St. Anthony's fire, or erysipelas. The Athenian disease, then, may be supposed to have resembled the modern erysipelas, and it will not be difficult to explain some of its prominent symptoms in conformity to this idea. The term which expresses the eruption admits, without doubt, of being rendered vesicles, and the word ulcers may imply only the separation and sloughing of the cuticle. This idea is perhaps supported by the occurrence of gangrene in the extremities, which was remarked also in the plague of Lorraine. There, indeed, the feet became affected at an early period—whereas, by Thucydides, the affection of the extremities is described as metastatic, and to have occurred after the acute stage of the fever had passed. The occurrence of severe ophthalmia might be expected to constitute a symptom of this disease, although, in its modern form, it is not often followed by loss of sight.

That erysipelas, or ignis sacer, may occur as an epidemic, is sufficiently proved by the name applied by Sauvages to the Lorraine epidemic, though, as I have remarked, the modern malady appears to have presented the essential characteristic of plague, which is wanting in the ancient. Waving, however, the farther consideration of a point not particularly interesting to medical readers, I shall conclude by recalling some expressions of the historian which denote symptoms frequently met with, and in regard to whose meaning there exists no doubt.

The symptoms mentioned as indicating the onset of the disease, evidently resemble those of severe catarrh, and remind us strongly of the incipient stage of rubeola. The abundant evacuations of bile, and the accompanying pain, are

sufficient to point out the general character or type of the fever. The bodily vigor retained by those who died early, and the gradual wearing out of those who fell victims to a supervening diarrhœa, may be recognised by those who have noticed the progress of our own bilious remittent, the plague of New Orleans and of Cuba. As respects the loss of the extremities from gangrene in those who recovered, it cannot be supposed that this was a frequent or familiar occurrence; but it is extremely natural that so awful a memento of the violence of the malady should have especially attracted notice, and have directed the attention of the individuals and their friends to a preservation, which they might well regard as almost miraculous.

Yours, &c.

ARCHÆOLOGUS.

BOSTON, TUESDAY, OCTOBER 19, 1830.

HENNEN'S MILITARY SURGERY.

Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D., F.R.S.E., Inspector of Military Hospitals. With Life of the Author, by his Son Dr. JOHN HENNEN.

A WORK bearing the above title has been some time before the British public, and comprises the result of the researches and observations of a Surgeon who ranked deservedly high, and whose name is doubtless as familiar to the reader as that of Lar-

rey, or of Cooper. The pre-eminent merits of this work as a system of military surgery, carried it rapidly through three editions in London, and we are happy to see that the last has been republished by Carey & Lea, at Philadelphia. It is obviously impossible to convey any correct ideas of the contents of this volume in the short space we could give it; and as it is now regarded as a standard work, we can only refer the reader to the book itself for a fund of highly valuable and practical information on the subject of which it treats. The volume is a neat one of about 450 pages, with a copious index.

EFFICACY OF COLD AFFUSIONS IN NERVOUS AFFECTIONS.

A CASE very illustrative of the power exercised over nervous disorders by the shock produced on the surface by cold affusion, is reported as having recently occurred in one of the Parisian hospitals. The patient, a juggler, was found in his room in a state of insensibility. Shortly after he was carried to the hospital he became delirious, his face flushed, hair erect, eyes wild, and speech incoherent. Yet were there no symptoms of febrile excitement distinguishable in the pulse, or the condition of the skin. Speculation was fruitful as to the cause and nature of this condition of body, and some suspicions were entertained that the gentleman was only engaged in a professional exhibition. The medical officer of the institution, however, soon recognised it as a case of purely nervous character, and directed cold affusions, from head to foot, of water at the temperature of 18 deg. Reaumur. The delirium yielded to this remedy immediately, and the patient, next day, was walking about the ward.

It is no novelty to find nervous complaints disappearing before this remedy; but the influence it is capable of exerting in hysterical disorders, which are so common and so troublesome in young and old females, is not, perhaps, so familiar as it should be to every practitioner. No class of diseases is so troublesome to the medical attendant, as none is more difficult to be borne by the patient, than that denominated *nervous*. These diseases are so many

others of different character, that an inattentive observer is apt to commit himself by an erroneous opinion, and be led through a series of prescriptions of various and discrepant remedies, all with the same result—disappointment and vexation.—At the same hospital as that above referred to—the Hôtel Dieu—a case is reported in which cough, slight hæmoptysis, palpitations, obstinate rejection of food, &c., led to the administration of a succession of antispasmodics and sedatives, all to no other purpose than to excite surprise that they should not arrest the symptoms. Suspecting at last that this might be an instance of those anomalous hysterical affections which are so often mistaken by ordinary observers, the physician ordered that affusions of water at 18 deg. Reaumur should be directed on the head, whilst the body was immersed in a bath of a temperature 8 degrees higher:—a bad practice certainly for hæmoptysis and cough depending on common causes, but a good one, as the result here proved, where these symptoms are purely nervous.

The mode of using the cold affusions in such instances, varies with the circumstances of each case, and the taste, habits and information of each medical attendant. By some the shower bath is preferred; others pour water from a pitcher directly on the head; and still others interpose, on the crown, a very large sponge, an expedient the advantage of which is obvious. Dr. Johnson recommends the shower bath, with the precaution, in commencing its use, of letting the patient stand with the

feet in a tub of warm water. This precaution is particularly advisable with young females of delicate constitution, but with all it will add security to an effectual means of cure, and detract somewhat from the aversion with which this remedy is too often anticipated.

TAX ON ENTERING THE PROFESSION.

IN remarking on the tax of two hundred pounds, which it is feared will be laid in England on those who are entering the profession of Medicine and Surgery, the Editor of the Medico-Chirurgical Review gives in to the propriety of levying an additional tax, but proposes that it shall be laid on in the shape of KNOWLEDGE. This is certainly a happy idea. Such a tax can scarcely be too heavy—it would be the most effectual way possible of thinning the encumbered ranks of the profession, at the same time that it would render the walks of those who enter it pleasanter and more honorable. It would exclude not the indigent, but the ignorant,—not those who have been found, in all ages, to make generally the most useful and distinguished members of all the professions, but those who would be most apt to jeopardise the lives of others, and be a dead weight on the respectability of the brotherhood they should join.

COUNTERIRRITANT IN PNEUMONIA.

THE following liniment is recommended, in a late No. of the London Gazette, as being, in some respects, a better application to the skin, in

cases of pulmonary inflammation, than cantharides.

R. Acid. Nitro-mur. ℥ij.

Ol. Terebinth. ℥i.

Axungia 3 v. M.

Melt the axungia, and add to it the other ingredients, stirring until the mixture is quite cold. This liniment being rubbed on the surface with a sponge, will, in three or four minutes, cause it to become highly red. If the rubbing be continued, small pustules or vesicles will make their appearance; and if it be farther persisted in, the surface becomes excoriated with an exudation of lymph. During the operation, the patient first experiences a sense of heat, then smarting, and at last actual pain. The effect, therefore, resembles that produced by the antimonial ointment; but there is this advantage in using the liniment, that its operation is more immediate, and, if not carried too far, may be repeated again and again at short intervals: whereas, in employing the ointment, a considerable period must intervene before the appearance of the eruption, and this must again be allowed to heal before the article can be reapplied. Patients on whom the liniment has been tried, are asserted to have experienced relief immediately after its employment. They have had less cough, have breathed more freely, and the expectoration has diminished in a considerable degree. It is to be hoped that farther trial will tend to confirm these favorable results.

GUAIAIACUM IN RHEUMATISM.

WE have already expressed the satisfaction we feel in being able to lay before our readers any information of a practical nature in the healing art, whether it concerns the introduction of a new mode of treatment, or the confirmation of the good effect of one already established. We have lately noticed some facts of the latter class which go to confirm the virtues of guaiacum as a remedy in rheumatic affections. We are told that M. Alies, of Coulommiers, read, at a late session of the Royal Academy, an account of twenty-one cases of rheumatism in various parts cured by this article. The preparation employed was the following:—Ten ounces of the wood were added to three quarts of water, which were boiled down to one quart. One sixth of this quantity was administered for a dose, three times daily. This treatment was continued in one case for twelve days, during which time the patient took five lbs. of the guaiacum. No inconvenience was occasioned by its use, and the cures seemed to be effected independently of evacuations, either by stool or otherwise. Taking this circumstance into view, M. Alies is disposed to attribute to this article a specific virtue in rheumatism, similar to that of bark in intermittents, or calomel in syphilis.

MORBID APPEARANCES IN THE BRAIN,
AFTER FREQUENT ATTACKS OF
APOPLEXY.

THE wife of a laborer, forty-one years of age, of long-continued intemperate habits, had experienced

repeated attacks of apoplexy, after the last of which she had remained imbecile, and subject to occasional fits of epilepsy. During an attack of the latter, she died suddenly. On opening the head, the bones of the cranium were found to be extremely hard, and of unusual thickness. The brain was of medium size, free from congestion, and of natural consistency. On cutting into the substance of the organ, there were discovered, at the external part of the medullary portion of the right hemisphere, on a level with the thalamus nervi optici, two cavities, of the size of a small bean, and filled with a clear fluid. They were both surrounded by a coat of firm consistency, similar to a serous membrane; this was intimately connected, by its exterior portion, with the surrounding substance of the brain: each could, however, be dissected out, in the form of a complete sac. Their internal structure was cellular. Near to these, but more internal, and higher up, there was found a greyish or red gelatinous mass, very distinct from the medulla of the brain: this had already begun to be surrounded by a covering similar to the former. The ventricles were loaded with water. The pineal gland continued a large sand-like concretion. A considerable amount of fluid escaped from the spinal cavity. The viscera of the thorax and abdomen were sound; the stomach was, however, contracted to the size of the duodenum.

This case is related in *Rust's Magazine*, band xxx., heft 1, 1829.

Iodine Baths.—Dr. Lugol, in a paper presented to the French Royal Academy of Sciences Dec. 14th, 1829, strongly recommends iodine baths, of the utility of which in scrofula and other diseases he has convinced himself by numerous experiments. In the preparation of the bath the first thing to be considered is the material of the bathing tub.

Dr. Lugol prefers wood to metal, as less liable to be chemically acted on by the iodine. Another important consideration is the quantity of the medicine which may be used with safety and advantage. This is less than might at first be supposed. In the practice of Dr. Lugol, the proportion of iodine which he had proposed as the starting point, beyond which he was to advance gradually, became in the end a *maximum* which he thought it no longer proper to employ. The strongest bath which he now uses is formed by adding three drachms of iodine and six drachms of iodide of potassium to two hundred litres (about fifty-three gallons) of water; rather more than three grains of iodine and six of iodide of potassium to the gallon. For children the whole quantity should be reduced one half, two-thirds, or more, according to the age.

It is necessary that the iodine and iodide should both be added, as the former is not sufficiently soluble without the latter, and the iodide of potassium is comparatively inefficient; at least, Dr. Lugol found that no appreciable action was produced by the quantity of three ounces to the bath.

To diminish the expense of the iodine baths in hospitals, M. Henry, the younger, proposes that they should be emptied into a suitable reservoir, and the iodine precipitated by the acetate of lead.—*Journ. de Chim. Méd.*

Cæsarian Operation after the Death of the Mother.—In the *Révue Médicale* for January 7, M. Huguier relates a case in which he resorted to the Cæsarian operation on the body of a female, five minutes after death, which occurred suddenly from pulmonary hemorrhage. The infant was extracted by the feet, and pre-

sented few indications of life, being pale, bloodless, without motion, while the pulsations of the heart were hardly perceptible. The chord was tied before it was divided; frictions with warm cloths were made over the præcordia; air was blown into the mouth, and the infant was immersed in a warm bath. Soon respiration commenced, and the child cried. It continued to live. The friends did not allow the body of the mother to be dissected.

Dislocation of the first Phalanx of the Thumb.—Mr. Syme, in a case of this luxation, operated by "fastening a silk handkerchief to the thumb by means of the *clove hitch*, and then making one person extend, while another performed counter-extension by holding the hand. I pressed with all the force of both my own thumbs on the extremity of the dislocated phalanx. After one or two attempts, I succeeded in effecting the reduction."

Fracture of the Fibula.—Mr. S. adopts Dupuytren's "ingenious, simple and effectual plan of treatment; viz., the application of a long, narrow, wooden splint on the inner side of the leg, extending beyond the ankle and knee, between which and the tibia, a thick compress being interposed, while the knee and foot are drawn to the splint by means of a simple bandage, an effectual resistance is afforded to the displacing tendency from the weight of the limb, and from the peroneal muscles."

Smallpox.—On Saturday last, at noon, *fourteen* cases of smallpox had been reported at the Health Office in this city, and each patient, as reported, had been transferred to the Island.

Whole number of deaths the week ending October 2, omitted in our last, 26. Males, 15,—Females, 11.

Of cholera infantum, 2—consumption, 5—convulsions, 1—disease of the bowels, 1—dropsy, 2—dysentery, 4—infantile, 1—insanity, 1—childbed, 1—old age, 2—teething, 2—unknown, 3.

ADVERTISEMENTS.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation :—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

July 6.

12t.

COOPER'S SURGICAL DICTIONARY.

THIS day received by CARTER & HENDEE—A Dictionary of Practical Surgery. Comprehending all the most interesting Improvements, from the earliest times down to the present period. An Account of the Instruments and Remedies employed in Surgery, &c. By SAMUEL COOPER, Surgeon to the King's Bench, &c. From the 6th London edition, revised, corrected and enlarged. With numerous notes and additions, embracing all the principal improvements

and greater operations introduced and performed by American Surgeons. By DAVID MERIDITH REESE, M.D., Licentiate in Surgery and Midwifery.
Oct. 19.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3mis

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 183 Washington Street.*

ABERCROMBIE ON DISEASES OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

HENNEN'S MIL. SURGERY.

THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen. July 13.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, OCTOBER 26, 1830.

[No. 37.]

I.

AMAUROSIS.

From the Medico-Chirurg. Review.

THE following remarks are chiefly on the exhibition of strychnine in that formidable malady, amaurosis. It is a remedy which is now in some vogue, not only with oculists, but with physicians also, in the palsy-cases of middle and advanced age, whether the affection be of the retina or of one side of the body, of a solitary muscle or a large portion of the material frame. The very nature of these cases—we mean their connexion with advanced life, and their dependence on the wear and tear of the machine—precludes the hope of any remedy or class of remedies proving extensively and permanently useful. Medea's cauldron would suit such cases, but short of the youth-restoring drug of the enchantress, there is nothing, alas! that will give elasticity to the withered sinew,—plumpness and vigor to the wasted muscle,—or the finely-tuned sensibilities of adolescence to the palsied nerve. Nevertheless, there are, undoubtedly, some cases of palsy and amaurosis—we fear they are fewer than is imagined—that are benefited by the exhibition of the strychnine, or stimulating medicines of that class. The discrimination of these must be a matter of experiment and experience. We will give the results of Mr. Middlemore's.

“If a patient has overworked the eye by long-continued action, confined to the inspection of objects of the same color and description, an enfeebled condition of retina (just as we produce an exhausted state of muscle by over-exertion) will take place. If a man subject his eye to an unnatural stimulus, by looking for many hours daily at bright substances of the same or nearly the same color,—or to sudden transitions from an artificial glare to comparative darkness (as miners),—or to a diminished stimulus, as by working in dark rooms, or places imperfectly supplied with light,—or to any cause allowing the visual textures of the eye to remain, for a long period, in a state of inactivity, as takes place where large opacities of the cornea, and fully-formed cataract exists,—the power of the retina will be partially destroyed—its susceptibility to the stimulus of light diminished; but in none of these cases will there be found any structural change in the retina or the optic nerve, any congestion of vessels, or any discoverable alteration from a healthy and natural condition: nor will the system, in all probability, be found affected; no altered state of health sufficient to account for the dimness of vision, will be found to exist. At some kinds of employment it is necessary for the individual to work with the head bent forwards, declining, or the body so distorted as to favor

the too liberal flow to the eye, and retard its return,—inducing what is termed congestion: a distended state of vessels, unfavorable to free and active circulation; a condition of eye which is also frequently induced by the investigation of minute objects by the aid of powerful glasses. Loss or diminution of the power of vision sometimes comes on from certain causes which diminish the vigor of the constitution generally—as, for instance, after profuse salivation, long-continued suckling, menorrhagia, &c. In all these cases, I believe, the strychnine is calculated to produce great and permanent advantage, in combination, of course, with other remedies suited to the particular exigences of the case,—for example: if the retina be weakened in consequence of diminished vigor of the system, remedies adapted to strengthen the system, and a removal of the cause enfeebling it, might be joined to the local application of the remedy in question. But the power of the retina will not always return with the returning strength of the system;—in such cases the strychnine is singularly valuable, producing, with wonderful rapidity, the restoration of the organ of vision. Strychnine, given internally, does not produce the same beneficial effect as when applied externally. The mode of using it is already before the profession. After having tried it in a variety of ways, and in different situations, I have not been able to discover a better method than that of blistering the skin above the eyebrow, and, after having carefully removed the cuticle, I sprinkle the powder upon the raw surface, taking care to pass a spatula upon the part so sprinkled, to secure it against re-

moval and ensure its absorption: a piece of lint, not greased, should afterwards be bound upon the part. The quantity with which I generally commence is the twelfth of a grain upon each side, daily augmenting the quantity, as the patient is able to bear it, to two thirds of a grain upon each blistered surface. Its first effects are—slight pain in the head, increased power of vision, and severe smarting pain of the part upon which it is applied. Some patients cannot bear its application; others require great care, and a very gradual augmentation of the quantity to enable them to bear it; whilst others will admit of its application without experiencing any other uneasiness than what arises from its action upon the sore. It is not necessary, I presume, to detail cases in support of my views; such a plan would greatly extend my observations, which I have been studiously anxious to limit.—I will now, for a short time, draw the attention of your readers to those cases in which the employment of this remedy would be useless or injurious. If the amaurosis be dependent on any morbid condition of the brain; any alteration of the bony structure; any tumor or other substance pressing upon the optic nerve, the effects of former inflammation, such as opaque deposition or partial disorganization, the effusion of blood or morbid growths, the enlargement of the vitreous or displacement of the crystalline humor, producing pressure upon the retina; a varicose state of vessels, as a consequence of distension so continued as to impair their tonic and elastic properties; inflammation of, or disease of, those parts encased by, or anterior to, the retina,—no be-

nefit could be expected to result from the use of strychnine ; but, on the contrary, in many of the cases, material injury might succeed its employment."

We certainly have not seen that benefit from strychnine in general palsy, which some authors would lead us to believe was frequently obtained by it. Mr. Guthrie has been testing its powers in amaurosis, but without any great success. Mr. G. has laid the results before the profession.

II.

USE OF OIL OF TURPENTINE IN NEURALGIA. BY M. RAYER.

From the London Med. and Phys. Journ.

SINCE the appearance of M. Martinet's observations on the employment of oil of turpentine in cases of neuralgia, and especially in sciatica, various practitioners have had recourse to this remedy with success. The following cases show the utility of turpentine in these always painful, and too frequently perplexing maladies.

CASE I.—A man, aged sixty-six, was admitted into the Hôpital St. Antoine, in May, 1829, with the ordinary symptoms of intense facial neuralgia of the right side. The disease had existed for twelve years, and it first appeared after the suppression of a rheumatic affection of the right arm, which had lasted fifteen months. The patient had been in several hospitals, but, in spite of the treatment that had been practised by different eminent physicians, the lancinating pains in the face were not relieved. Leeches and blisters to the cheek, general bleeding, acupuncture, the extraction of four

teeth, valerian, extract of belladonna, had all proved of no avail. The facial nerve had been divided, but, of course, without any benefit.

When the patient entered the hospital of St. Antoine, he was suffering the most dreadful torments. The pain was seated deep in the orbit, in the temporal fossa, in the superior alveolar process, and in the sub-orbital region. Sometimes it darted over the whole of the right side of the face, while at other times it was confined to a well-marked line in the track of one of the branches of the affected nerve. It attacked by paroxysms, which lasted from one to ten minutes. Several paroxysms occurred during each day, and their frequency appeared to be increased when the patient had either eaten or spoken often. When the attack was very severe, the integuments under the eye were wrinkled, the muscles of the face were convulsively contracted, the secretion of tears very abundant, and sometimes the jaws were violently and suddenly closed. In this state the patient was neither capable of speaking, nor of attending to what was said to him. There was neither redness nor swelling of the face. Either a warm or humid temperature was much feared, but from dry and cold weather some relief was obtained.

M. Rayer advised the application of an opiate plaster, which was renewed several times a day, without any benefit.

June 2d.—He commenced with half a drachm of oil of turpentine in a mixture, and the dose was gradually increased to two drachms. Each day the relief was evident, and on the twelfth from the commencement of the remedy, the pains were considerably diminish-

ed, and the attacks much less frequent.

15th.—As the stomach and bowels appeared to be irritated by the turpentine, it was omitted, and tartar-emetic ointment was directed to be rubbed in upon the cheek for one week.

25th.—The attacks have been repeated with increased violence. The oil of turpentine was again given, and in five days each dose was one drachm and a half. The patient was again decidedly relieved, but, as his stomach would not bear the remedy, it was unwillingly discontinued; and during the following days half a grain of tartar emetic was occasionally given in pills, which produced vomiting.

July 15th.—The patient was anxious to leave the hospital, as he was so much better. He had now but three or four slight attacks in forty-eight hours, and when he was admitted, he had twenty-five or thirty very violent paroxysms in the same space of time.

On the 17th of August, he was again admitted. The pains were now as frequent and severe as at first. Again the turpentine was administered with much advantage, but, from the idiosyncrasy of the patient, it could not be continued. From various other remedies no further relief was obtained, and the man left the hospital to go into the country.

CASE II.—January 16th, a woman, ætat. forty-four, was admitted. She had been much exposed to bad weather, and, after a wandering rheumatic affection, was now laboring under very severe sciatica. During twelve days camphor pills were given, but,

after a temporary relief, the pain returned with increased violence. She was bled to the amount of fourteen ounces, and one hundred (!) leeches were applied at two different times upon the course of the affected nerve. No permanent relief was obtained. Blisters were applied to the great trochanter and the head of the fibula, but the suffering of the patient appeared to be augmented.

February 7th.—Twenty-four drops of oil of turpentine were given in a julep, and continued each day until the 14th, and the disease was completely cured. From the 10th, the patient was quite relieved from pain, and her general health was much improved. Neither the stomach nor bowels suffered from the use of the remedy.

III.

CASE OF IMPERFORATE VAGINA—OPERATION—DEATH, WITH THE DISSECTION.*

FRANCES BAKER, æt. 14, of a precocious appearance, was admitted a patient of the Lowestoft Dispensary on the 7th of July, complaining of violent paroxysms of pain in the abdomen and loins, shooting down the thighs, and with occasional difficulty in passing her urine. In the hypogastric region was discovered a circumscribed elastic swelling, rising above the brim of the pelvis, which she described as having progressively increased for the last three months. From the situation and feel of the tumor, Mr. W. was led to suspect some uterine dis-

* Reported for the Medico-Chirurgical Review, by Mr. W. C. Worthington.

ease existed ; and upon endeavoring to make an examination *per vaginam*, to satisfy himself on that point, he was surprised at an irresistible impediment to the introduction of the finger. On a more accurate investigation, the orifice of the vagina was found to be preternaturally and effectually closed by a firm adhesion of the parts.

Medical treatment having failed to afford her any relief, it became apparent that the swelling and pain were owing to the uterus being distended by the retained menstrual fluid. This opinion was farther confirmed by an examination *per rectum*, through which a tumor was perceptible, possessing a distinct fluctuation, and descending towards the perinæum.

The operation consisted in carefully dividing with a scalpel a dense cellular structure, of about half an inch in thickness, situated at the orifice of the vagina. A thin membranous expansion, being left, was then punctured with a lancet, which gave exit to about a pound of dark-colored fluid. The swelling immediately disappeared, and the girl expressed herself relieved. A sponge-tent, well oiled, was inserted, and retained between the divided parts.

The third day after the operation, severe pain in the abdomen, with exquisite tenderness, supervened, together with excessive irritation. Notwithstanding a strict antiphlogistic plan of treatment was adopted, the patient died the following morning.

On examination after death, the peritoneum was found to have been generally affected with inflammation ; various gangrenous spots were presented to view,

also a considerable quantity of lymph was effused, causing adhesion of the convolutions of the bowels. The uterus was nearly of its ordinary size, but the vagina was dilated into a pouch, contracted towards its orifice, capable of holding a pint and a half of fluid. Its parietes were much thickened, and of a semi-cartilaginous structure.

Professor Langenbec* relates a similar case, in which death took place the fifth day after the operation ; and attributes the tendency to inflammation to the long retention of the menses. He therefore very judiciously advises the operation never to be delayed when the true nature of the complaint is discovered ; an opinion worthy of attention, inasmuch as some surgeons have considered all interference as improper, until such time as the tumor shall have attained a large size, grounding their opinions upon the principle that it may then be punctured with more facility.

If the professor's views on the subject be correct, the practice of an early operation, in cases of imperforate vaginæ, cannot be too strongly enforced ; and the reporter cannot but be inclined to believe that the unfortunate issue of this case has contributed to verify the truth of them.

IV.

CASE OF EXOSTOSIS TREATED WITH MERCURIAL FRICTION AND TURPENTINE.

ANN ROGERS, æt. 20, admitted into the Westminster Hospital July 15th, 1829, under Mr. Guthrie, with swellings on the shin-

* Langenbec's Bibliothek, Vol. IV., pt. 3.

bone of the left leg. She is a tall and tolerably healthy-looking woman; her face seems rather to express a scrofulous habit.

She states that about four years ago she caught a very severe cold. She was menstruating at that period, and the cold affected her very violently: she had pains in her head and back; her whole body swelled, and more particularly her legs, which pitted on pressure of the finger. She has never been quite well since that time;—she is very positive in her assertion that she has never had any syphilitic affection. She is unmarried, and lives as a servant. It nevertheless appears probable, from collateral circumstances, that there may have been some such cause for the swellings on her shin-bone. She suffers from continual pain down the tibia of the left leg, which increases in violence at night. It is about seven years since the catamenia commenced, and they have appeared at regular periods ever since. She attributes these swellings to having struck her leg against the stairs about the time when she first perceived them. She now complains of severe pain in the head and the shin of the left leg; pulse regular, 88 in the minute; tongue clean; bowels tolerably open.

R. Hyd. Subm. gr. ij.

Pulv. Rhei, gr. xij. ft. pulv. bis in die sumend.

July 19th.—For the last three nights, three leeches have been applied on the swellings with some little benefit. Mr. Guthrie has ordered the following mixture:

R. Ol. Terebinth. ʒss.

Mucilag. q. s. ft. haust bis in die sumend.

23d.—She complains of the medicine affecting her head. She is ordered the following plaster, to be kept constantly applied over the tibia:—

R. Ung. Hyd. Fort.

Ext. Belladonnæ, āā ʒi. ft. empl.

27th.—She thinks she is worse since the application of the plaster, and that she felt more relief from the leeches than anything else; she still complains of her head. Pil. Hyd. c. Col. gr. x. hac nocte—Haust. Aperiens cras mane.

August 12th.—She has been rubbing in during the last ten days, and continues her medicine (turpentine) without much apparent benefit.

Aug. 29th.—She continues the mercurial friction; the lumps appear rather increased in size; complains of great pain in her head. C. c. nuchæ ad ʒx.

Sept. 10th.—No change; mouth not sore yet. Cap. pil. hyd. gr. v. o. n.

Oct. 4th.—The gums are very slightly affected. The leg is much better; but though the mercury has not made her mouth sore, its deleterious effects on the constitution are evident; she is pale, thin, and out of health. She is ordered to discontinue rubbing in, pills, &c.

15th.—Since she has desisted rubbing in, she has complained of some slight return of pain in her shin-bone.

20th.—Ordered a belladonna plaster to the left leg.

24th.—Complains of great pain in her head. C. c. nuchæ ad ʒviij.

28th.—Her leg is in less pain; the cupping relieved her head.

Nov. 2.—Much the same.

R. Ol. Terebinth. 3i.
Tinct. Lyttæ M. x.
Mucilag. Gum Acac. 3i. ft. tinct.
bis in die sumend.

9th.—The medicine produces great irritation in the urinary organs, but her head is not much relieved; belladonna plaster has been renewed.

10th.—Pain in the head very great. C. c. nuchæ ad 3x.

16th.—Irritation excited in the urinary organs has increased; she says she has passed blood; her head is much relieved.

27th.—Severe pain in her head has returned from time to time, but upon the whole she is evidently much relieved. The tibia is much smoother, and free from pain.

25th.—She left the hospital today at her own desire.

This is evidently one of those cases in which mercury, in whatever doses it may be employed, or however varied may be the mode of application, will not produce salivation. That it affected the constitution was, however, apparent, and her health, after a time, declined rapidly, until its use was discontinued. She seemed, at last, much benefited by the turpentine combined with the tinct. lyttæ.—*Ib.*

V.

A CASE OF THE SUCCESSFUL EMPLOYMENT OF THE RHUS TOXICODENDRON IN PARALYSIS.

By JOHN EBERLE, M.D., &c. &c.

Miss O., aged about 47, of a spare habit of body and nervous temperament, was suddenly seized, on the 17th of June, 1827, with vertigo, nausea, great debi-

lity, and total loss of voluntary motion in the whole left side of her body. I saw her an hour after the commencement of the attack, and found her with a pale and anxious countenance; a small, rather tense, and quick pulse; pupils contracted; skin of the natural temperature on both sides; and remarkably loquacious, though incapable of distinct articulation. The sensibility of the affected side was not in the least degree impaired. There was not the slightest somnolency,—on the contrary, an almost constant wakefulness tormented the patient for many days. I prescribed, at first, an active mercurial purgative, which operated very freely; frictions with strong tincture of capsicum, and cupping along the spine and back of the neck. Blisters were afterwards applied to the wrist and ankle of the affected extremities. I continued this treatment, with an occasional laxative, about ten days, without deriving the least advantage from it. I then prescribed the saturated Tincture of the *Rhus Toxicodendron*, in doses of forty drops three times daily. On the third day after commencing with this remedy, strong involuntary starts of the muscles of the affected side occurred, and on the following day the muscles of the fingers were under the command of the will. Under the employment of this medicine, without any other remediate measures, the empire of volition gradually extended itself, until, in the course of about ten days, the muscles of the affected arm were fully under its command.

The muscles of the leg, however, still remained inobedient to the calls of the will. The use

of the tincture of *rhus* was now discontinued, and frictions, mustard seed internally, and blistering along the lower part of the spine, again resorted to. At the end of eight days, the patient's condition was not in the least improved. The tincture of *Rhus* was therefore resumed, in doses of forty-five drops thrice daily. In the course of four days from the resumption of the medicine, strong involuntary contractions of the affected limb again ensued; and in a few days more, the patient could slightly move the thigh on the hip: but over the motions of the leg, ankle and toes, she had not the least command. In a very short time, however, she found herself able to move the whole limb; and she is now (August 7th) capable, with a little aid, to walk in her chamber. She experiences daily a manifest increase of muscular power in the leg. The powers of the arm are completely restored.

It is somewhat singular that the return of voluntary motion in the upper extremity commenced in the joints of the fingers, and was gradually extended upwards to the shoulder; whereas, in the lower extremity, voluntary motion was first manifest in the power of moving the thigh on the hip, then successively passing downwards, —the ankle and toes remaining longest in a paralytic condition.

The *Rhus Toxicodendron* is by no means a novel, although at present an almost wholly neglected, remedy. Dufresney, Kruger, Elz, Alderson, Horsefield, and others, have adduced much evidence of its remediate powers in paralysis. Besides the case related above, I have seen another instance of its usefulness in this

affection. From a letter which I received from Professor Osann, of Berlin, I learn that in Germany this medicine has, within the last three or four years, been employed with marked success in paralytic affections.—*Western Journ.*

VI.

EFFECTS OF LARGE DOSES OF TARTAR EMETIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is remarked by Dr. Beck and others, that a large dose of tartar emetic, retained in the stomach, is as sure a poison as arsenic or corrosive sublimate; and this seems to be confirmed by the case in the Edinburgh Medical Essays, Vol. I., p. 35, entitled “*The bad Effects of Opium given too soon to stop the Operation of Emetics.*” To arrest the action of the stomach and bowels by strong anodynes, when forcibly excited by large doses of tartar emetic, is to disarm Nature of her only means of dislodging and expelling an enemy, already at war within the system.

The principal reason why arsenic and corrosive sublimate are more deleterious than antimony is, that they act fatally, as it were, upon the coats of the stomach and bowels, before they excite emesis or catharsis; whilst antimony excites one or both of these actions immediately, and thus causes its own expulsion. Hence large doses of it are sometimes taken without any serious consequences, whilst the other articles always produce injury proportioned to their quantity. I shall mention a case or two on the effects of antimony, taken

from Orfila, and add some that came under my own observation.

1.—A Jew, by mistake, took twenty grains of tartar emetic in the morning fasting. Severe pain in the region of the stomach ensued, followed by excessive vomitings of bilious matter and aqueous dejections. There was great prostration of strength, paleness, reduction of the pulse, and cramps of the legs. By the use of proper remedies, the violent symptoms subsided, leaving debility and painful digestion.

2.—Another individual took twenty grains for the purpose of poisoning himself. He soon experienced a burning in the epigastric region, accompanied by convulsive movements and a loss of his senses. In ten minutes after, he was carried to the Hôtel Dieu, where large quantities of a decoction of bark were immediately administered. The skin was cold and clammy, the breathing a little short, the pulse small and concentrated, and the epigastric region a little tumefied and very painful; hiccough frequent, but no vomiting. "The symptoms gradually diminished in violence, after taking the bark, and in two hours copious stools occurred, and continued several hours. On the next day, he vomited several times, and gastric symptoms were present for a week, but were removed by the usual remedies." The difference in violence of symptoms, between this and the foregoing case, seems referable to the longer retention of the medicine in the stomach.

3.—In 1813, while attached to the U. S. Squadron on Lake Erie, I suffered, in common with the crews, with a slight bilious remittent, and, while convales-

cent, drank daily of *cremor-tartar punch*, as I called it,—made by dissolving a tablespoonful of cremor tartar in sweetened water, and adding a tablespoonful of brandy. On my return one afternoon, after an hour or two's absence from the ship, I found our three ward-room servants missing, and, after some searching, discovered them in a remote part of the ship, unable to stand, and scarcely able to speak. There was abundant evidence present of exhausting evacuations, both from the stomach and bowels, and they had a weak contracted pulse, cold clammy sweats, extreme paleness, and prostration of strength. My first questions were respecting what they had eaten or drank; which they were reluctant to answer, until assured that their lives depended on my knowing immediately—when one of them, in a faint voice, said, "Nothing, Sir, but some of your cremor-tartar punch." The bottle of cremor tartar, and others containing medicines resembling it, were brought, when they pointed to the tartar emetic, saying, "That, Sir, is the cremor tartar we took, but we drank only one teaspoonful each." This quantity, as near as I could judge, was not far from the truth. From subsequent calculation, I have not the least doubt that they took rising of forty grains each.

The lads were from sixteen to twenty years of age, and had enjoyed good health. I ordered them demulcent drinks and chamomile tea, and they recovered the next day so as to return to duty, but complained of debility, soreness in the gastric region, loss of appetite, and painful digestion, for some days. They

had contracted a fondness for ardent spirit, but the *punch* cured them of it entirely. It had all the effects, in this respect, of Chambers' medicine, with the

additional one of keeping their fingers out of the medicine chest.

Yours, &c.

USHER PARSONS.

Providence, Oct. 19, 1830.

BOSTON, TUESDAY, OCTOBER 26, 1830.

ANATOMICAL NOMENCLATURE.

WE noticed, some months since, an essay published in our Glasgow contemporary, in which the author condemned the present system of medical names as a relic of barbarism, wholly unworthy the existing state of medical science. We stated, at that time, our objections to the plan of improvement suggested, which had reference principally to the names of the muscles. In a sequel to the above article, which appears in the last number of the same periodical, the nomenclature of the joints is taken into especial consideration. At the outset, the author condemns the usual classification of these parts as being equally unscientific in its character and repulsive from the barbarous compounds employed for its genera and species. The terms affixed to the individual joints are next attacked with equal severity, and their want of propriety and of euphony rendered abundantly manifest. As a substitute for this jargon, the author proposes, in the first place, to divide all the joints into the two classes of moveable and immoveable; and, secondly, that the particular joints, whether of the first or second class, should receive their denominations from a union of the terms

which indicate the parts they connect. Thus, in the first class, we should have the occipito-parietal articulation to express what is now intended by the lambdoidal suture; while, in the second, the elbow would be known as the humero-ulnar, and the knee as the femoro-tibial, articulation.

The mere statement of the plan thus suggested, seems to prove sufficiently that it could have little advantage when applied to parts so familiar to common observation, and which cause the student so little trouble, as the moveable joints. As regards the articulations without motion, were they more numerous or more important than they actually are, a plan of this kind would, if practicable, undoubtedly be attended with benefit. Whether this or any other scheme for the improvement of medical language will ever be generally adopted, we have our doubts. Persons who have learned a science through the medium of a certain set of expressions, are always averse to a change in this respect, either in their language to each other, or in that through which they instruct their juniors. Neither the harshness of a term, the coarseness or absurdity of the allusion it conveys, nor the boldness of the metaphor by which

it is applied to its object, will readily reconcile those who have long employed it, to the substitution of any other. In some cases, the very strangeness of the name may serve to recall a more lively impression of the object; and, like the sonorous appellation of some Roman or Grecian hero, may bring back to our recollection an assemblage of qualities, which a long description would be requisite to specify. At all events, experience has proved that the change of terms, whether popular or technical, which have been long in use, is beyond any ordinary exertion of force or persuasion.—Every one acknowledges the advantages of an uniform ratio of weights and measures; yet in France, when denominations founded on this plan were ordered to be substituted for those actually in use, it was found impossible to effect their general adoption. Again, every astronomer allows the absurdity of the names now given to the constellations; yet a new map of the heavens has never been attempted, and, should it be, would probably meet with very little favor. And, to return to our own science, notwithstanding all the efforts which have been made to introduce a new and improved system of nosology, diseases continue to be called, not only in popular use, but in the intercourse of physicians, by the same familiar terms which were applied to them by our ancestors two centuries since. *Tantum de medio sumptis accedit honoris.*

In fact, almost the only successful attempt of this kind with which we are acquainted, was the celebrated

effort of the French chemists to introduce a new nomenclature of that science founded on philosophical principles. The adoption of this plan has indeed been as general as its conception was beautiful and ingenious. But before we count on a similar revolution in medical language, we should consider the situation of the science itself. At the time that Lavoisier proposed his nomenclature, chemistry was in its infancy. Those researches had then just commenced, which have multiplied nearly tenfold the number of its known elements, and, in a still greater proportion, the compounds to which the new system proposed was intended to apply. As respects the new discoveries, there were, of course, no prejudices to contend with, no habits to combat; and being added to the science under the dominion of the new system, they were, without difficulty, made to conform to its laws. But, in anatomy, there exist none of these unexplored regions to investigate—no new fields of observation to be traversed. The objects which it embraces, if increased at all, will be so by such minute additions as can have no influence on the plan in question. One mucosopic muscle discovered every century, would do but little towards establishing a new principle of anatomical nomenclature; and that the existing language of books and of conversation can at once be exchanged for a new set of terms, however convenient in themselves, is a supposition unwarranted either by reason or experience.

YELLOW FEVER IN 1829.

A REPORT on the progress of this disease and the scenes of its principal ravages during the past year, was recently rendered to the superior council of health in France by one of its members. The following abstract of this memoir will be found to contain some interesting facts, though the views advanced by the author in regard to the propagation of the disease are by no means unexceptionable.

It appears that, during this year, the extent of the ravages of the yellow fever in America was less than the usual average.

In Martinique, the fever of 1828 continued in a degree during the winter, notwithstanding the change of temperature; and even in the month of March, it attacked some soldiers who had recently arrived. Soon, however, it ceased, and did not reappear, either there or in Guadeloupe, during the rest of the year, although the extreme heat and accompanying evaporation, which are reported its usual causes, might be supposed abundantly adequate to its production.

The Great Antilles did not enjoy the same exemption. The fever existed at Portroyal, in Jamaica, from the month of April. During the ten first days of May, it destroyed thirty seamen on board the *Magnificent*, an English vessel, in that harbor. In July, it raged among the merchantmen in the port of Havana, and the hospitals of that city contained a large number of patients who had been attacked with it.

At the same period, however, the island of Porto Rico, which is but a short distance from Cuba, and is subjected to the influence of the same climate and to physical agents precisely similar, continued free from fever. Dr. Olier, a Spanish physician, and one of the most experienced practitioners of the colony, declared, in a memoir communicated to the official authorities, that it was the vigilant measures adopted by the first magistrate of Porto Rico which caused the yellow fever, whenever brought into that island, to be at once extinguished, and prevented its appearing annually; whereas, at Havana, not a year passes without its destructive presence. Dr. O. affirms that this disease has uniformly a contagious character. Dr. Antiqu, another distinguished practitioner of Porto Rico, maintains the same opinion. In an official paper drawn up by him, it is affirmed that before the colony had any commercial relations with the United States, the fever was unknown in the island; and whenever it has appeared, the period has coincided with that of the arrival of American vessels coming from the ports where it had prevailed.

In consequence of neglecting to adopt similar precautions, the city of New Orleans has severely suffered. As it communicated freely with the ports of the Antilles affected with yellow fever, its daily intercourse with Havana produced, in the month of August, an importation of this disease, which caused the most terrible ravages. From the period of its appearance, its malignancy was so great that it destroyed almost ine-

vitably every one whom it attacked. In six weeks it carried off from 25 to 30 persons daily in the city, and the same proportion in the country. Public notice was given to all strangers and residents not acclimated, to save themselves, by speedy flight, from the fate which awaited them.

"Such," adds the author of the report, "is the disastrous result of the system adopted at New Orleans, of taking no measures to preserve public health, that, as the American Journals themselves affirm, a number equal to the whole population of the city is swept off by fever *every three or four years*. On the contrary, the populous cities of the Atlantic coast have been for many years preserved by wise regulations from this great calamity, which formerly, appearing almost every year, suspended their commerce, decimated their inhabitants, and arrested the progress of their prosperity."

MISNOMERS IN MEDICINE.

WE have frequently heard mentioned as a vulgar error, the custom which foreigners of the lowest class, especially the Irish, retain, of giving to the stomach the appellation of heart. When an Hibernian complains of an impression on the heart, the first inference that the medical tyro derives from the phrase is, that one of the ribs has been fractured, or, at least, that his patient is afflicted with severe pneumonia. Nothing can be farther from the fact. The impression on the heart signifies a sense of oppression in the stomach. *Hic opus, his labor est.* The inac-

curacy, however, so far from being peculiar to the present period, claims a high and even a classic origin; thus affording a new proof, that, in regard to error as well as truth, there is nothing new under the sun. To him, indeed, who has recognised what he has been accustomed to consider Irish bulls in the pages of Hierocles, it will cause the less surprise to find that this now vulgar error is recorded in the language of a Greek historian and a Roman poet. Thucydides, in describing the plague of Athens, says that the disease, commencing in the head, went thence to the chest, and afterwards invaded the cardia, or heart,—by which, as is evident from the connection, he intends the stomach. Lucretius, who must unquestionably have understood the Greek, yet expresses the same fact in the same language. "*Morbida vis in cor mœstum confluxerat ægris.*"

It is also well known that persons affected with gastric disease were called by the Romans *cardiaci*, and that the term has been borrowed, in modern medicine, to signify the remedies for the same class of maladies.

DIETETICS.

AN elaborate paper was lately presented to the Academy of Medicine, by M. Piorry, of Paris, on the subject of abstinence and low diet, as connected with various circumstances of disease. M. Piorry condemns the employment of low diet in the pneumonia of old men. The cases which have fallen under his care have been treated most successfully

by a tonic regimen. In cases where tubercles are suspected to exist and phthisis is threatened, he regards abstinence and vegetable diet as equally injurious. In such cases, he recommends the employment of animal food, grounding this preference on the fact that carnivorous animals are not known to be affected with phthisis. In acute gastritis and enteritis, abstinence from food is to be enjoined; but in the chronic form of these diseases, the appetite ought to be gratified: for the fluids generated in the stomach during hunger, are more injurious to it than the introduction of any digestible substance. In complaints of the head, M. P. sets himself equally in opposition to the starving system; which he says, when carried to excess, is capable of producing megrim, convulsions, and sometimes death.

CONGENITAL DISLOCATION.

CONGENITAL dislocation of the bones forming the elbow joint is an occurrence rarely met with. Deformities of different kinds we all know to be not extremely unfrequent; few, however, of this description, are recorded in the annals of pathology. We are led therefore to notice more particularly a case which is reported to have recently occurred at the Hôtel Dieu,—the most extensive field perhaps of surgical and pathological observation in the world, and the theatre of a surgeon not surpassed for acuteness, decision or skill. In this case the upper extremity of either radius was displaced from its natural situation, and was

situated behind the inferior extremity of the humerus, above which it mounted an inch at the least. M. Dupuytren had met with a like dislocation twenty or twenty-five years ago. He was unable, in this instance, to decide whether the state of these parts was congenital or produced by some violent twisting inwards of both forearms, or was the result of disease.

CASE OF CONGESTION OF THE CEREBELLUM, WITH INVOLUNTARY WALKING BACKWARDS.

THE Chevalier D., a widower, about fifty-six years of age, of a sanguine temperament and a good constitution, was cured of a pleuro-bronchitis. Two months afterwards, on the 9th of November, he was attacked with a pharyngitis; which was combated by an application of twenty leeches to the upper and lateral parts of the neck, by emollient cataplasms, mucilaginous drinks, &c. On the evening of the 13th, he was affected with a strong flush in the face, particularly over the cheek bones; eyes brilliant, and slightly injected; pulse strong, but little increased in frequency; skin hot; sensation of distress in the occipital region, and difficulty in performing the lateral movements of the neck. In the night occurred vertigo, giddiness, and an obtuse pain in the occiput. M. D. went on his knees to evacuate the urinary bladder, and was in great danger of falling backwards; which he prevented by grasping the head of his bed. Continual and fatiguing erections continued the whole night, but without emissions. Next morning, the injection of the face had disappeared, but a similar appearance had taken place in the occiput and back of the neck, with a slight tumefaction, but no pain on pressure; pulse the same as before. M. D. experienced giddiness, but

walked a distance of about two gunshots: he was obliged to stop several times, to avoid a fall backwards, and to resist the tendency he felt to walk in that direction. He even made a step backwards, which he designed for the forward direction. When arrived at his place of destination, he again experienced giddiness, and a fresh propensity to walk backwards. He made nine or ten steps backwards, and would have fallen on his back if he had not supported himself upon a piece of furniture. The same propensity continued till his return home; when the symptoms immediately gave way before a bleeding of eighteen ounces, low diet, acidulated drinks, and a footbath with mustard. Next morning the Chevalier was quite well.

Journal de Physiology.

Case of Croup, cured by Lobelia Inflata. By J. ANDREW, M.D.—A child, about three years old, after having had a short dry cough for about a week, was suddenly seized with all the symptoms of croup. The dyspnœa was very severe, the *crow-ing* distinct, the countenance livid, and the pulse 135. Leeches had been applied twice, and a blister to the throat, without relief; twelve minims of the tinctura lobeliæ inflatæ were given, and repeated in half an hour. Fifteen minutes after the second dose, vomiting of tough phlegm took place, with great relief

to the cough and dyspnœa. Next morning, the symptoms having become worse, another dose of the tincture was given, and in the evening it was again repeated. Vomiting was, in both instances, freely produced, and with much benefit. The third morning, the child was able to take some food, and in three or four days he was quite well.—*Glasgow Med. Journ.*

Excision of an Ulcer of the Scalp.—From the London Med. and Surg. Journal we learn that at the Swansea Infirmary, a patient aged sixty years, of a bad habit, had a slow phagadenic ulcer of the scalp, near the vertex which had resisted every variety of treatment, not excepting the destruction of its surface and edges successively by the lunar and vegetable caustic, and afterwards by the knife. The surgeon (name not mentioned) then thought that if he removed a larger portion, the ulcer might heal,—he did so by shaving off the wound as closely as possible to the pericranium. After this it perfectly healed in a few weeks—under the use, first, of a poultice, and then of the black wash; occasionally an ointment of the black oxide of mercury was also employed.

PROFESSOR MUSSEY, of Hanover, is understood to be the appointed lecturer on Anatomy, at Bowdoin College, the approaching winter.

REPORT OF DEATHS IN BOSTON, THE WEEK ENDING OCTOBER 14.

Date.	Sex.	Age.	Disease.
Oct. 8.	M.	6 mo	infantile
	F.	3	unknown
	F.	9	inflammation on the brain
	M.	14	lung fever
	M.	50 yrs	do.
	M.	48	apoplexy
	F.	2	infantile
	F.	29	consumption
	M.	32	do.
10.	F.	12 mo	teething
	F.	26 yrs	unknown
	F.	36	consumption
	M.	11 mo	convulsions
11.	M.	24 yrs	accidental

Date.	Sex.	Age.	Disease.
	F.	14 yrs	consumption
	F.	24	do.
	M.	12 mo	cholera
12.	F.	3 1-2 y	scrofula
	M.	41	intemperance
	F.	12 mo	teething
13.	F.	15	infantile
	M.	4 yrs	croup
	F.	23	typhous fever
14.	M.	36	consumption
	F.	2 1-4	dropsy in the head
	F.	8 mo	canker
	M.	24 yrs	drowned

Males, 12,—Females, 15. Stillborn, 1. Total, 28.

ADVERTISEMENTS.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation :—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

July 6.

12t.

COOPER'S SURGICAL DICTIONARY.

THIS day received by CARTER & HENDEE—A Dictionary of Practical Surgery. Comprehending all the most interesting Improvements, from the earliest times down to the present period. An Account of the Instruments and Remedies employed in Surgery, &c. By SAMUEL COOPER, Surgeon to the King's Bench, &c. From the 6th London edition, revised, corrected and enlarged. With numerous notes and additions, embracing all the principal improvements

and greater operations introduced and performed by American Surgeons. By DAVID MERIDITH REESE, M.D., Licentiate in Surgery and Midwifery.

Oct. 19.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

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SUPERIOR STETHOSCOPES.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

ABERCROMBIE ON DISEASES OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland.

Sept. 28.

HENNEN'S MIL. SURGERY.

THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen.

July 13.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
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VOL. III.]

TUESDAY, NOVEMBER 2, 1830.

[No. 38.]

I.

TWO CASES OF STRICTURE OF THE
LARGE INTESTINES, ABOUT THE
POINT OF THE TERMINATION OF
THE SIGMOID FLEXURE IN THE
RECTUM; WITH OBSERVATIONS.*

By JOHN BURNE, M.D.

CASE I.—*Scirrhus-Contraction of the
Large Intestine.*

A GENTLEMAN, between 45 and 50 years of age, of a sanguine and very irritable temperament, and accustomed to live well and keep late hours, consulted me in February, 1826, on account of some troublesome superficial small ulcers in the mouth, which had teased him for several weeks, and had resisted the remedial means employed. Accompanying these ulcerations, was a state of heat and dryness of the mouth and pharynx, with some little trouble in deglutition. The temperature of the body was increased and the surface dry, and the pulse was accelerated and rather tight; and the first hours of the night were passed restlessly, the bowels being habitually regular. The above assemblage of signs, except the regular state of the bowels, will be recognised as the frequent precursors of stricture of the œsophagus, which I thought it my duty to intimate to the patient, that he might be alive to such admonitions.

By the use of leeches to the side of the throat, and by saline aperients, the ulcers healed, and all the other signs abated in about ten or twelve days.

In November of the same year, and in February, 1827, I was again consulted by this gentleman, on account of some dyspeptic symptoms, which were soon relieved by medicine, his body being, as usual, naturally and freely open every day. From this time, I saw nothing more of him for twelve months, when, in February, 1828, he again applied to me, on account of his usual dyspeptic complaints, but with this difference, that his bowels, which had been exceedingly regular all his life, were now sluggish, and required the frequent use of aperient medicine. On this occasion, I prescribed the comp. rhubarb pill of the Ed. ph., which proved effectual, and, together with other treatment, gave him so much relief, that again I heard nothing of him for five months, when, in July, 1828, he called upon me, and complained much of flatulence, acidity, and irregularity of the bowels. He was this time also very much relieved by aperients, but the action of these medicines was not so certain as formerly; and when the bowels were not freely moved, he suffered much from fulness.

His symptoms, although relieved, returned whenever he relaxed in attention to the bowels; on

* From the Midland Med. and Surg. Rep.

which account, together with the favorable season of the year, I advised him to go to Cheltenham. The Cheltenham waters acted like a charm; the bowels emptied themselves freely every morning, and his appetite and digestion became exceedingly good, as did his spirits and general health; but immediately after he had quitted Cheltenham, the irregularity of the bowels returned, and with it all the dyspeptic troubles; and as from these he suffered considerably, and from his age and fallow face, and obstinate complaints, there was reason to apprehend that organic disease was establishing itself, I proposed a consultation, and the friends fixed upon the late Dr. Armstrong.

The Doctor and myself examined the abdomen very minutely, as I had done before, without being able to discover any indication of disease: pressure was borne in every part, and the only uneasiness complained of, except griping, was a pain which sometimes shot through the upper part of the sacrum. Blood was directed to be abstracted from this part by cupping, and, in addition, an alterative aperient plan was agreed upon; but these measures not being followed by amendment, it was proposed to ascertain if any cause of obstruction existed in the rectum. On first introducing the finger into the gut, no trace of disease was discoverable, but by passing it forward as far as was practicable, I met with a hard immovable tumor the size of an egg, and further upwards and backwards, I reached, with the tip of my finger, a contraction of the bowel, having an opening not larger than a swan-quill, surrounded by a hard knotty structure, which altogether exactly resembled a scirrhus os uteri.

The case was now made out, and I recalled to mind the tendency to stricture of the œsophagus, manifested upwards of two years before.

Saline aperients, diluted in imitation of Cheltenham water, were now prescribed, and succeeded very well in evacuating the bowels.

A mechanical obstruction having been discovered, it was deemed proper to take the opinion of a surgeon as to the practicability of giving relief by a bougie or otherwise, and the late Mr. Wadd was called in. On his first examination, Mr. Wadd did not reach the disease, but when, after several days, he satisfied himself of its existence and malignant nature, he gave it as his opinion that surgery could do nothing. Saline aperients were laid aside, and castor oil substituted, which, although it excited the action of the intestinal canal, did not procure evacuations. The muscular efforts of the intestines were most violent, and gave rise to excessive spasmodic pain: the intestines could be seen and felt to move under the integuments, making ineffectual attempts to force the feculent matter through the stricture, and the agony was so great during these spasms, that the patient desired death. The spasms were much allayed by large doses of laudanum, but were, nevertheless, succeeded by a sharp attack of inflammation, which did not subside for several days; and when the patient had struggled through this danger, it was only to encounter similar torture at some early period. Extreme difficulty was always found in procuring evacuations, and being driven, as we were, to extremity, further surgical advice was desired, in order to consider, a second time, the practica-

bility of facilitating the evacuation of the colon. With this view, Mr. Copeland, Mr. Brodie, and Sir Astley Cooper, were consulted in succession, and all concurred with Mr. Wadd on the hopelessness of the case, and the inexpediency of surgical interference. Mr. Brodie and Sir Astley Cooper did make some attempts to pass a bougie, but did not feel justified in persevering, lest they should rupture the intestine.

Injections and saline aperients were had recourse to unremittingly, with partial success; the violent spasms returned frequently, and the most severe were followed by inflammation. The violent contractions of the intestine constituting the spasms, were always more or less relieved by laudanum; but opium, in this form, made the mouth and tongue dry, and was followed by headach and languor. From these ill effects, the liquor opii sedativus was free, but the most efficacious preparation was the acetate of morphia in the form of a pill, and in the dose of from one-eighth to half of a grain, repeated as circumstances required. The last preparation was found a most valuable medicine, and never failed to mitigate the excruciating pain and other sufferings of the patient's last days.

In this way the patient lived on, passing scarcely any feculent matter, and suffering pain and inflammation by turns, till the 20th of February, 1829, on which day the spasms returned violently about six o'clock in the morning, and soon after seven the patient felt a sudden and dreadful pain dart from the left side across the belly above the navel, which he compared to the discharge of a pistol. Quickly afterwards the belly became tense,

the respiration difficult, and the powers of life depressed. It at once occurred to me that the colon had given way above the stricture, which I stated to the friends, and prepared them to expect the rapid dissolution which took place in the course of eleven hours.

Sectio-cadaveris.—The abdomen being opened, a large quantity of feculent matter, of soft consistence, was seen lying among the intestines and upon the mesentery, and was found to proceed from a transverse rupture of the colon, about an inch long, at the spot from whence the violent pain darted. The whole of the colon was filled with feculent matter of the same kind; the sigmoid flexure was seen stretching across the brim of the pelvis to the right side, when it turned quickly upon itself, and terminated in the diseased portion, which was situated directly under the promontory of the sacrum. The diseased part was about the size of an egg, and consisted of a scirrhus degeneration of those structures of the intestine situated between the mucous and peritoneal coats. The aperture of communication between the colon and the rectum through the diseased part, scarcely equalled the size of a swan-quill, and had a curved direction, which proved the correctness of the opinion, that force used in attempts to pass a bougie would be likely to rupture the bowel. The lower opening looked backwards and downwards to the hollow of the sacrum, and its margin was knotted and irregular, as has been described. There were adhesions of the sigmoid flexure to the small intestines, and the scirrhus mass was adherent to the sacrum.

CASE II.—Annular Contraction of the Large Intestine.

Of the second case, which was an annular stricture, I regret that I am only able to present a few particulars, not having the means of obtaining the early history. It occurred in a female pauper in Covent-Garden workhouse, who had been admitted three weeks before her death, in a state of extreme emaciation, and with a remarkably distended flatulent abdomen. She passed scarcely any feculent matter during the three weeks, and was constantly vomiting, so that nothing except brandy and water, and similar beverage, could in any way be retained on the stomach.

Sectio-cadaveris.—Before the abdomen was opened, traces of the convolutions of the intestines were evident, by corresponding elevations of the integuments. These convolutions were found to be distended with gas, and the colon was full throughout of soft feculent matter; and at the termination of the sigmoid flexure in the rectum, was a circular contraction of the bowel forming the annular stricture. There was no thickening or disease of the part, and the contraction had the appearance of the bowel tied with a ligature, except that there were neither folds nor puckering.

Observations.—The ulcerations, the heat of the mouth and trouble in deglutition, detailed in the history of the first case, showed a condition of constitution prone to morbid action, which, having first fixed on a part of the digestive canal, determined that canal to be the eventual seat of disease.

A very prominent circumstance in the dissection of both these cases, was the soft consistence of

the feculent matter, particularly when it is remembered that, from the slow accumulation, the feculent matter had been lying in the colon for several weeks in the first case, and, in all probability, for several months in the second. This is the more curious, because, in ordinary constipation of the bowels, the feculent matter becomes hard and knotty in eight-and-forty hours, sometimes in twenty-four, and continues so till it is evacuated: hence it occurred to me that the soft consistence above alluded to, was probably one of those remarkable provisions which nature is often observed to make against disease; and if this is the case, the same soft condition of the retained feces may be expected in all cases of stricture. Experience, however, does not afford me a sufficient authority of facts to come safely to a conclusion on this point, but the probability which I have expressed is much strengthened by two cases, one of which occurred in private practice, and was mentioned to me by Mr. ———, a pupil of Guy's hospital, who witnessed the dissection; and the other in a patient in the same hospital,—in both of which the accumulated feces were in the same soft state. I do not know that this circumstance has been hitherto noticed, nor can I find, in the works upon stricture of the rectum, any evidence that bears satisfactorily on the question.

Did the feces undergo the same change as in ordinary cases of constipation, there would be no possibility of evacuating them through a stricture, and the irritations and accumulations would be quickly and uniformly fatal; whereas the reverse is a matter

of daily observation. The sympathies by which this usual change in the feces retained in the colon is prevented, are the more remarkable, because they influence only the part of the large intestines above the stricture; for the soft feculent matter which gradually oozes through the contractions into the gut below, very soon becomes solid and figured, as I had an opportunity of witnessing in the first case, in which it was not uncommon for solid figured pieces to come away, although all above the stricture was quite soft, as seen by dissection. This last fact is also mentioned by Mr. White.*

The soft feculent matter was also of a most healthy character, being homogeneous, and containing an abundance of good bile; from which it may be concluded that digestion was perfect, notwithstanding many of the symptoms said to be indicative of indigestion were urgent, as flatulence, fulness, acidity, and eructations; whence it is apparent that the sufferings usually referred to the stomach, may arise from another cause than disorder of that organ.

In both instances the patients died from the mechanical obstruction: in the one the disease was not malignant; in the other the malignancy had not come into operation, the patient having died before the destructive effects of cancer had taken place, as ulcerations, sloughing, discharge, and sympathetic irritations and fever;—the subject for consideration, therefore, was the treatment of the obstructions,—the observa-

tions on which refer only to the first case.

The eminent surgeons consulted were unanimous as to the expediency of attempts to force a passage by the bougie, owing to the situation as well as to the malignancy of the disease; in which opinion all must concur, who have witnessed the torture that attends the use of a bougie in scirrhus disease of the rectum, and which is not recompensed by any benefit;—this stricture not admitting of dilatation, the effect of the bougie is to bruise and hasten ulceration, or increase it if present. Although the most desirable means, by way of operation, was the introduction of a hollow tube through the stricture to facilitate the passage of injections, yet this was found impracticable, the distance of the strictured part from the anus being too great to admit of the finger as a guide, and without this, the capacious and yielding rectum left no chance of effecting the passage of such an instrument. In this dilemma, and in my frequent consultations with Mr. Wadd, I suggested for discussion the propriety of making an artificial anus, which, although he discouraged, I cannot but think might be attempted under favorable circumstances as regards the operation, and urgent circumstances as regards the prolongation of the patient's life.

It may be said, that between the two evils of a stricture and an artificial anus, it is difficult to choose,—to which I assent generally; but when the patient's life must fall a sacrifice to the mechanical obstruction, and when the prolonging his life for a few months only is of great consequence to his family, the sug-

* Observations on Stricture of the Rectum, 3d edition, p. 37.

gestion is worthy the consideration of surgeons : for, in the first case, the malignancy of the disease would not have destroyed life for months, in all probability ; and, in the second case, there being simply an annular contraction, life would have been preserved by an artificial anus, which would have permitted the regular evacuation of the bowels. To render the operation justifiable, the colon should be empty ; and the means of attaining this end are the object of the medical treatment of stricture generally.

All are agreed that the aperients which must necessarily be given, should be of a mild character, and the recommendations of authors who have treated on the subject, are limited to castor oil, senna, and sulphur ; thus leaving unnoticed saline aperients, which, as will presently be seen, are the most efficacious. These medicines, castor oil, senna and sulphur, although desirable from their mild qualities, are very uncertain and ineffectual in cases of stricture. It is true they produce a moderate, and so far, a proper peristaltic action of the intestines ; but as they do not render the feces watery, this action is not followed by sufficient evacuation, and therefore not by sufficient relief. Sulphur is objectionable on other grounds ; it has been known to form into balls, when taken in large doses, and in this way may add to the mischief. The same objection applies also to magnesia, which has been found accumulated in large quantity above the stricture.

While the subject of the first case was at Cheltenham and taking the waters, the evacuations were so thin that the colon emp-

tied itself every day ; and under these favorable circumstances, the patient lost all complaint and improved surprisingly. This first suggested to me the use of saline aperients, which were given in the form of Seidlitz powders and of sulphate of magnesia, in a very diluted solution ; and they were found to operate much more pleasantly and efficiently than other aperients. These, however, and the Cheltenham water itself drank in town, were by no means so certain in their operation as the waters drank at Cheltenham, —owing, no doubt, to the want of auxiliary circumstances, which are known to favor the operation of mineral waters—as change of scene, absence from the fatigue and anxiety of business, early rising, and exercise. On one occasion, when castor oil was substituted for salts, its effect was exceedingly injurious ; it duly excited the action of the intestines, but as it did not render the feces watery, they could not pass the stricture freely, and the consequence was violent spasmodic pain and vomiting.

Drastic and heating purgatives are very properly objected to in all cases of stricture ; nevertheless, the distress of the patient, on one occasion, was so great for the want of evacuations, that a person of very great practical attainments was induced to propose the administration of croton oil, the propriety of which was much discussed, on account of its irritating properties and violent action ; but its employment being much urged by the proposer, on the score of its unrivalled purgative power in other cases, it was exhibited in the dose of one drop, which was repeated in the space

of half an hour. The effect, as was anticipated, was nearly fatal; it produced most violent contractions of the intestines, and spasmodic pains, with a distressing heat along the whole alimentary canal, and constant and urgent, but ineffectual efforts, to go to stool, the scanty evacuation consisting of nothing more than a bloody secretion from the rectum, the product of excessive irritation.* The violent action of the intestines led one to fear a rupture of the colon, of which the sequel of the case proved there was great danger.

In the medical treatment of stricture of the large intestine, then, saline aperients are the best and most efficacious.

II.

ON THE INJURIOUS EFFECTS OF STAYS AND TIGHT LACING.

THE effects of a long continued pressure are particularly observable in those persons who wear too tight clothes, and who, seeking a fine shape, use stays and corsets, and consider themselves elegant in proportion as their bodies appear to be divided into two parts, or approach the form of a wasp or an ant. To assure such persons that these cuirasses deform them, and are injurious to health; that to strangle oneself in the middle is contrary to the laws of nature; that

woman, as she comes from the hands of her Maker, represents an ellipsis, the widest part of which is at the pelvis; or two cones, the bases of which meet there, and not four,—is to render oneself ridiculous in the eyes of the sex. It is not very probable that physicians will ever be able to put an end to so universally adopted a custom, since the ordinance of Joseph the 2d, Emperor of Germany, which was well calculated to produce such an event, had not the slightest effect. To give an air of ridicule and contempt to this custom, Joseph issued an imperial decree, forbidding the use of stays in all female orphan houses, convents, and all institutions devoted to the education of the sex; and which, moreover, directed that all females condemned to correctional punishment, should thenceforth wear stays and hoop petticoats. Most women pretend that, if they did not wear stays, they could not hold themselves upright; such, probably, is the case with those who have long used them; already their muscles are partly paralyzed, and when they are not supported by this bandage, they lean forward, and their bodies take all sorts of bad attitudes. It is stays and corsets, in the greater number of cases, that produce the deformities known by the name of high shoulder, elevated hip, round back, &c.

It is from the earliest years that stays must be left off, it being at this time that they do the greatest mischief, particularly in weakly and delicate children, as they then act not merely on the muscles, but also on the bones. It is, therefore, mothers of families, from infancy that you must

* As, from the vast accumulation of feculent matter found on dissection, it was impossible that any particle of the croton oil could have reached the rectum, the excessive irritations must have been the result of sympathy, which may go far to explain the phenomenon of the inflammation of the rectum which occurs in cases of poisoning from arsenic.

forbid your daughters their use, and you will not then have to lament over their deformities, when they shall have attained a greater age; you will not have to hide an inequality in the shoulders; to fill up a hollow corresponding to an elevation; to use inclined planes, or to send your children to orthopedique establishments. Behold your sons, who are straight and well made, because they have not been thus bound, but have enjoyed a freedom of motion, which has equally exerted all parts of the body.

From Dr. Conrad Molk's, of Krautweiler (Bas-Rhin), "*Considerations sur les causes et sur le traitement des courbures de la Colonne Vertébrale.*"

III.

DOUBLE UTERUS AND SUPERFÆTATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Mr. L. M. Parkhurst, of this place, while engaged in slaughtering an ewe sheep, to-day, discovered that the uterus contained two lambs: one appeared to have arrived at mature fœtal age sometime since; the other was about two inches in length, and was, probably, in the seventh or eighth week. They had been removed from the dam and taken out of the uterus before I saw them, so that I had no opportunity to examine the parts. There was, however, a portion of that division of the uterus in which the older lamb was contained, still remaining connected with it, and slightly adherent to the lamb at the sternum. The cord was also remaining, attached, in

its usual place, to the abdomen of the lamb and to the uterus. The younger lamb had been entirely removed from the uterine cavity. Mr. Parkhurst, however, informed me that it lay in a sack, or portion of the uterus, by itself, by the side of its older companion.

Both lambs were, in every respect, perfectly formed and natural. The younger appeared to have been alive and vigorous immediately previous to the death of the mother. The other gave evidence of having been sometime dead. It was rather above the middle size, and might have been taken for a lamb a week old. Its body seemed to be somewhat dry, and had the appearance of having been preserved and smoked. The abdominal and thoracic viscera were in a perfect state of preservation, but were of a smoky brown color, rather destitute of fluids. The intestines contained a dark, dry, excrementitious matter, in small quantities. The lamb exhaled no unpleasant smell whatever. The sheep had ever appeared healthy, was tolerably fat, and no satisfactory reason for the delay of the birth of the oldest lamb could be assigned. Computing from the time when the ram was removed from Mr. P.'s flock last fall, this lamb should have been brought forth last spring.

It would have been satisfactory to me to have been able to have given a description of the organs of generation in the above case, which their mangled state, when I saw them, totally prevented. There is no doubt, however, that this ewe must have possessed a double uterus. Instances of this conformation of the female organs of generation, not only among

brutes, but in the human species, are by no means rare. One is related in the 5th Vol. of the *American Journal of the Medical Sciences*, p. 191, derived from the *Journal Hebdomadaire*. The body of a woman, who had died suddenly, was examined at the *Hôtel Dieu* by M. Jolly. "On putting the finger into the vagina, he found a membranous division, which separated that canal into two equal parts. After examining the attachments of the uterus, which were in all respects natural, he removed the rectum and the bladder, together with the genital organs, which he inspected with MM. Dance and Dalmus. The external organs presented no extraordinary appearance; the entrance to the vagina was narrow and smooth, without any traces of ruptured membrane, and divided by a partition into a left and right portion of equal size; the length of the canal was four inches. The partition, half a line in breadth, was formed by the apposition of the mucous membranes: interiorly there was nothing remarkable but the smallness of its transverse diameter. The uterus presented no other remarkable feature exteriorly but its small size; it was not more than eighteen lines across; its upper external edge showed a slight depression, which divided the organ into two cavities; from the middle of this depression, a longitudinal groove ran along the whole anterior surface of the uterus and vagina. A lateral section from the neck of the uterus, prolonged along its body, exhibited the one cavity without any communication with the opposite side, both inferiorly and superiorly. The cavity of the neck was very

narrow, scarcely admitting an ordinary probe three or four lines in length, and equally separated by a partition; it terminated by a circular orifice, without any trace of irregularity. This orifice was situated in the centre of the neck, which, embraced by the vagina of that side, formed a projection at the upper part of that canal. The partition which ran along the body and neck of the uterus and vagina, had the same organization and thickness as the parietes of the uterus."

At p. 466, Vol. 2, of the same *Journal*, is another case, derived originally from *Rust's Magazine*, Vol. 20, p. 568. "The woman had been in labor for two days, when" Dr. Geiss, the narrator, "was requested to attend her. He found her a stout, healthy female, of middle stature. The labor pains were confined to the right side. On the right side, the womb reached as high as the thorax; on the left it did not extend above the navel, and inclined forwards and laterally. The external parts and os uteri were properly constructed, and the shoulder of the child could be felt behind the membranes. The operation of turning was performed, and a healthy female infant delivered,—upon which the right side of the abdomen sank in, while the left continued prominent. In an hour labor pains occurred, and on examining the state of the parts, Dr. Geiss found, that after passing the os uteri, the finger came in contact with a membrane distended by fluid, and protruding through an annular opening towards the left side; while the navel string of the child already delivered, extended upwards into a cavity like the uterus in ordina-

ry circumstances. On farther examination, he found the belly of a second child presenting at the accessory orifice, and therefore performed the operation of turning, and brought into the world a stout, stillborn male child, which was soon resuscitated. As no placenta followed for some time, he proceeded to assist the separation of them, and then had an opportunity of completely satisfying himself that his patient had a double uterus. The right placenta came away first, and the right womb contracted vigorously; the left placenta followed, but the uterus of that side contracted slowly, and the woman therefore lost a good deal of blood. Two months afterwards, the woman and both children were in good health. Two years before, she had brought forth a single child; and the labor was tedious, and required manual aid to accomplish it."

A French writer, A. L. Cassan, has recently published a small work upon the anatomy and physiology of double uterus and superfœtation; in which, says the *Journal* we have quoted, "the analogy of animals that present a similar formation is stated, and, from the observation of a great number of facts, the development of this peculiar formation is thus detailed:—At the end of the sixteenth week, two small vermiform bodies are observed in the lumbar region; at a little more advanced period, these two symmetrical parts approach and unite in the median line of the body,

and form the uterus and vagina."

"Every variety of partition of the uterus is noticed, from a partial division by a membranous partition, to the complete separation of the uterus and vagina. These anomalies in organization appear to consist in the suspension of development before the parts are united, or in persistence of development after their union."

"The consequences of such configuration of parts are stated to be important, in the first place, to a state of pregnancy: a woman may become pregnant, be delivered of a child, and yet not cease to be a virgin; she may at the same time be pregnant and be in labor. 2d. As it regards menstruation, the author denies the empty lobe would menstruate, when the other contains a fœtus. 3d. It would explain some of the accidents which attend difficult labors, as when the partition of the uterus was horizontal, dividing the uterus into an upper and lower chamber, the partition must be torn through, or the uterus lacerated; this happened in two cases related by Drs. West and Olivier. 4th. As it regards superfœtation. The fact of a second conception being possible during the gestation of a first, is established by numerous cases cited by the author, and the only rational mode of explaining it is afforded by reference of such cases to a double uterus."

Yours, respectfully,

D. H. BARD.

North Troy, Vermont, }
Oct. 14, 1830. }

 BOSTON, TUESDAY, NOVEMBER 2, 1830.

THE TEETH.

OF the countless miseries that flesh is heir to, and which, resulting directly from the constitution of our physical nature, tend to equalize the condition of human life by giving to all a community of suffering, none are more continually subjected to our observation than those which arise from these troublesome organs. From the cradle to the grave, this enemy is ever plotting, maturing or perpetrating the ruin of our comfort. The terror of mothers and of nurses, their approach is announced by every variety of suffering, both local and sympathetic. Inflammation of the gums, cutaneous eruptions, convulsions, diarrhœa, are but a few of the evils to which the first period of infancy is subjected from this single cause. Next comes the period of shedding, in which, to the necessary inconveniences of decay and separation, are added all the apprehensions of parents as to the probable and possible causes of future deformity, and the no less vivid or less reasonable fears of the child in regard to the remedy by which the evil is to be averted. Even in youth and manhood, though less often reminded of the presence of these factitious auxiliaries, we are in little danger of forgetting them; nor is it until we arrive at that happy state which is said by Shakspeare to end our strange eventful history, that we can be said to have made our escape from these diminutive tormenters.

It must, however, be confessed that these evils, great as they are, have not been without their due share of attention on the part of physiologists and practitioners; and we find the diseases of the successive periods of dentition, and their remedies, laid down with sufficient precision in various general and particular treatises. One branch of this subject alone seems to have received less attention, at least from writers, than that to which it is justly entitled. We refer to the local and general symptoms which accompany the appearance of the *dentes sapientiæ*, or wisdom teeth. That such symptoms should be developed by the growth of new parts at so late a period, and when the surrounding substances which oppose their enlargement have acquired so considerable a power of resistance, is not astonishing. It is more remarkable that the process is so frequently effected without serious inconvenience. That great suffering is often induced by it, and that the symptoms may assume a grave and even a dangerous character, is a fact familiar to every experienced practitioner; though by others it is to be feared that the cause is sometimes mistaken, when the effects are sufficiently obvious. What an amount of suffering may be saved by a correct diagnosis in these cases, is well shown in the following, the facts of which we obtain from one of the French periodicals.

A young man, in good health,

living in the country, had for many months been affected with severe pain on the left side of the head. This appeared to have its origin behind the ascending branch of the lower jaw on the right side, from which point it extended to the ear, the cheek, the temple, and even the forehead; the posterior fauces were also affected. The pain returned at intervals, so as to deprive the patient of sleep. The disease was regarded as neuralgia, and treated as such with a great variety of remedies, which, however, did not afford the smallest relief. Discouraged with his ill success, the patient came to Paris, and entered the Hôtel Dieu. The fatigue of the journey augmented his sufferings to an extreme degree, and the whole left side of the head, cranium and face, was the seat of severe pain. On examination, no swelling or redness existed in the cheeks, nor were these parts tender to the touch. The mouth was examined: on the right side below, there were eight teeth, including the dens sapientiae; on the left, the last was wanting. Behind the farthest tooth on this side, between it and the coronoid process, was observed a small tumor, hard, red, tense, and extremely tender. M. Dupuytren inferred, therefore, that the difficulty existed at this point, and consisted in the resistance offered by the gum to the passage of the wisdom tooth. A crucial incision was at once made in the tumor, and carried down to the surface of this body. The next day the pain had entirely disappeared, and the patient continued a fortnight in the hospital, without experiencing

the slightest return of it. He was then discharged.

The resistance made by the substance of the gum, though a frequent, is not considered the only obstacle to the appearance of the dens sapientiae. The narrowness of the space between the last molar tooth and the coronoid process, is another important circumstance in this relation. This narrowness prevents the tooth from coming out freely to range itself behind the second molar, and thus to complete the series. The efforts made by nature to accomplish this object, cause violent pain, which may easily be mistaken for that of neuralgia; inflammations in the neighboring parts, abscesses, contractions of the maxillary muscles, and other accidents. All these symptoms may be made to cease by simply extracting one of the molar teeth, and thus affording to the new tooth sufficient room to take its proper situation. This plan has repeatedly been practised, and attended with entire success. Sometimes, however, the removal of the new tooth is preferable, and this is particularly the case where, on its extrication from the gum, it is found to have become carious from pressure, as sometimes happens.

In a memoir published in 1828, by Toirac, of Paris, on the phenomena which accompany the appearance of the wisdom teeth, they are considered as divisible into classes, according as they depend on one or another of the following causes:—
1. The obliquity of the tooth forward, in which case it is arrested in its progress by the next molar. 2.

Its obliquity from without inward toward the tongue, in such a manner as to impede the movements of this organ, and to excoriate it. 3. Its obliquity from within outward, which causes it to wound the internal surface of the cheek. 4. Its becoming locked under the base of the coronoid process. 5. Its remaining covered, at the posterior part, by an excrescence of the gum.

By far the most serious of these cases, is that in which the wisdom tooth is arrested under the base of the coronoid process. This state of things is followed by excessive pain, enormous swelling of the cheeks, abscesses, fistulas, and an extreme difficulty in opening the mouth, which at best can be effected only to the third or half of its usual extent, under these circumstances. A serious difficulty is often experienced by the surgeon in getting at the tooth which causes all the mischief. Frequently the only mode of effecting this, is to introduce a piece of wood between the teeth, which is to be moved gradually backward as the resistance of the muscles is overcome, until a sufficient opening is obtained to extract the tooth.

Consequences scarcely less serious, however, sometimes ensue, where the tooth is covered for a considerable extent by the gum, which, being continually compressed by the movements of the jaw, becomes irritated and inflamed, producing discharges of matter, more or less constraint in motion, and even chronic inflammation of the tonsils, which, from ignorance of its cause, may be most injudiciously treated. A medical gen-

tleman was, for the space of eighteen months, affected with tonsillitis, which refused to yield to treatment, and for which he was nearly persuaded to undergo a mercurial course. At length the real nature of the malady was suspected, and the incision of the gum which partially covered the wisdom tooth, the excision of the tumor which it formed, and its subsequent cauterisation with lunar caustic, were entirely sufficient to effect a cure.

REPORT OF THE KILLED AND WOUNDED IN PARIS DURING THE LATE REVOLUTION.

ACCORDING to the returns of the physicians and surgeons of the several hospitals, it appears that not less than 7000 men have been rendered *hors de combat*. They reckon, besides, nearly 1700 wounded received into the hospitals and *ambulances*. M. Breschet reports 500 as the number taken into the Hôtel Dieu; besides 300 out-patients, dressed by the surgeons of that establishment. The mortality has been by no means in proportion to the severity of the wounds; not more than 70 had died, up to the 10th of August: the greatest number of the wounded belonged to the working classes of the Faubourgs; out of the 500 there were no more than 25 of the military. A proportion nearly similar has been observed in the other hospitals. M. Husson remarks, that almost all the wounds were received in front—many of them in the chest and abdomen. Nor did the courage which the men displayed in the struggle, desert them on their bed of suffering; and those who underwent capital operations endured them without a murmur. The moral condition of the military is remarked to have been very different, the greater number of them being quite overcome with despair.

M. Louyer-Villermay relates the case of a soldier of the Guard, who sunk the day after the last engagement, without there being any perceptible wound or bruise to which his death could be attributed. The Beaujon has taken in 80; La Pitié, 120; La Charité, 150; the Military Infirmary, 200; Val de Grace, 20; a mason lodge, 80. Of the numbers received into St. Louis and St. Antoine, we have as yet obtained no official report; M. Cloquet promises a detailed account for the former hospital. Nor can we speak positively as to the numbers treated in the Ambulances, by reason of their perpetually changing condition. Almost all the wounds were from fire-arms—few from cold steel: they have been generally severe, most of them having been received in close combat; yet it is expected that most of the wounded will recover. M. Larrey has assured the Académie that of the hundred which came under his care at Glos-Cailon, not one had died: several of them, however, had undergone serious operations.—*Journ. Hebdomadaire.*

New Operation for Ectropium.—The following operation for restoring permanently the everted eyelid in ectropium, is described and recommended by Dr. J. F. Dieffenbach, of Berlin, in the 3d number of the 30th volume of "Rust's Magazine."

A semi-lunar incision is first to be made, a few lines distant from the edge of the orbit, through the skin, into the cellular membrane of the affected lid. The incision is to be formed directly in the centre of the lid, and to occupy about two-thirds of its extent. The lip of the wound next to the tarsus is to be dissected up, so as to loosen a considerable portion of the everted tarsus, when the whole thickness of the lid is to be cut through to the extent of the external wound. A small pair of forceps being now introduced into the wound, that portion of the con-

junctiva to which the tarsus is attached is to be drawn out at the external orifice, and the edges of the wound, together with the retracted conjunctiva, are to be held together by means of from three to five small needles, over which a thread is to be passed as in the hair-lip suture.

Turpentine solidified by Magnesia.—From the strong analogy between copaiba and the liquid turpentine, it was a natural inference that the effect produced by magnesia on the former, would result from its admixture with the latter; and the fact has been positively established. The following are the conclusions deduced by M. Faure, of Bourdeaux, from his experiments. 1st. That turpentine may be solidified by magnesia. 2d. That this effect may be obtained, even though a portion of the essential oil be added. 3d. That these substances lose none of their characteristic properties by the mixture. The following formulæ are given:—Take of turpentine fourteen drachms, magnesia thirty-six grains: mix them in a marble mortar. At the end of five or six days, a mass is obtained fit to be formed into pills. Should it become too hard, it may readily be softened by the aid of warm water.—Take of oil of turpentine two drachms, turpentine six drachms, magnesia thirty-six grains: mix them in a mortar. The mixture solidifies in seven or eight days, and should be preserved in a close vessel.

Journ. de Chimie Méd.

Pulse of Animals.—In a state of health, the pulse of domestic animals offers very great variation with respect to the frequency of its beats. That of the ordinary horse, makes from 32 to 38 pulsations in a minute; the ass, from 48 to 54; ox and cow, from 35 to 42; sheep, from 70 to 79; goat, from 72 to 76; dog, from 95 to 100; cat, from 110 to 120.—*Vatel's Veterinary Pathology.*

Germination upon Mercury.—M. J. Pinot read to the Academy of Sciences of Paris, a memoir, in which he certifies that a grain of *Lathyrus odatus*, after being steeped in water, was placed on mercury covered with a little water; that the germination proceeded as usual, and the radicle descended into the mercury to the depth of eight or ten lines. Having placed this grain in a state of suspension and equilibrium above the surface of the mercury, the radicle descended into the metal in the same manner, though the least resistance seemed as if it would disturb the equilibrium which maintained it.—*Bib. Univ.*

Hydrophobia.—Three cases of the cure of this formidable disease by friction with mercurial ointment, one of them at forty days after the bite, when slight symptoms of the disease, attended with spasms, had become manifested, are described in the *Bib. Univ.*, Mars, 1830.

Hygiène.—At Metz, in France, a public course of Lectures, attended by more than two hundred persons, is given on Hygiène, the art of preserving health. The precepts and instruction delivered in this course are printed, and distributed among the families of the city.—*Rev. Enc.*

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REPORT OF DEATHS IN BOSTON, THE WEEK ENDING OCTOBER 22.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Oct. 16.	M.	48 yrs	accidental		F.	9 mo	infantile
	F.	83	old age		M.	3	croup
17.	M.	18	smallpox		M.	23 yrs	consumption
	F.	6 mo	do.		F.	4	croup
	M.	66 yrs	inflammation on the lungs		M.	46	suicide
	M.	55	consumption	21.	F.	3	croup
	M.	34	do.		F.	22	puerperal fever
	M.	64	fever		M.	43	liver complaint
	M.	32	brain fever	22.	M.	2	croup
18.	M.	6 mo	hooping cough		M.	3 w	do.
	M.	6 mo	unknown		F.	22 yrs	liver complaint
	F.	33 yrs	consumption		F.	26	fever
	M.	19 mo	infantile	22.	M.	30	consumption
	F.	57 yrs	consumption		M.	54	paralysis
20.	M.	6	croup		Males, 19,—Females, 10. Total, 29.		

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WALTER CHANNING,
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July 6.

12t.

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JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

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ATREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sym-

pathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

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Oct. 15.

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THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen. July 13.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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TUESDAY, NOVEMBER 9, 1830.

[Nos. 39 and 40.]

I.

A DISSERTATION ON THE CONTAGIOUS- NESS OF TYPHOUS FEVER.

*Read before the Medical Society of
New Hampshire, at their Annual
Meeting, June 2d, 1829.*

By SAMUEL WEBBER, M.D.

THE Dissertation which we publish below, with the annexed note, was received a few days since from a distinguished medical friend; and is esteemed a highly valuable communication.

To the Editor of the Boston Medical and
Surgical Journal.

Sir,—The question touching the contagion or non-contagion of typhous fever, has been ably discussed in a paper read before the N. H. Med. Soc., and perused by one of your subscribers, who obtained permission of the author to present it to you for publication in your useful Journal. Should you deem the subject worthy of a place in your periodical, it is now submitted to your disposal by

A SUBSCRIBER.

Boston, Oct. 19, 1830.

It has been observed by a distinguished writer, that to think is to theorise. One less known to the world, by way of apology for promulgating some cobweb-spun theory, has gravely stated the converse of this proposition, and, according to him, to theorise is to

think. If this last were true, the professors of the healing art might justly claim for themselves the title of a most thinking race of men; for the records of Medicine, from its earliest dates, present a succession of theories, each in its turn guiding the opinions and practice of many of the followers of the Art, and each giving way to the greater and growing popularity of some new theory, destined, like its predecessor, to flourish and to fade. Along the course of the great systems, that have thus for a while been wholly or in part predominant, are strewn the wrecks of many lesser fond imaginations, destined, in the minds of their authors, to contest with the sovereigns the palm of empire, or, merely imitative of their greatness, to explain the nature or intimate cause of some single disease or class of diseases, the operation of some particular agent on the animal system, or the manner in which some of its functions were performed in health or disturbed in sickness.

Of these smaller beings of theory, some have for a time held honorable career by the side of their great compeers, many have not outlived their authors, still more have had but an ephemeral existence, and a countless number have dropped like abortions into this breathing world, alike unnoticed and unknown.

As all exercise of the mind must

be considered thinking, it may be admitted, in the terms of the proposition, that "to theorise is to think;" and yet, however paradoxical it may seem, it may be affirmed that to theorise is not necessarily to exercise thought. Thought implies the use of care, deliberation, research, and judgment; while theorising, as theories have often been framed, is frequently very deficient in these essential qualifications, and much more a work of the imagination, than of that principle which may peculiarly be called the thinking power of the mind.

All human knowledge has been of gradual growth, and in all its attainments error has been mingled with truth. Imperfect observations have been supplied by bold suppositions; causes have been gratuitously assumed to account for effects; effects have been taken for causes, and general conclusions have been drawn from partial views. To many, anything has seemed preferable to a confession of ignorance, and the impatience of man in pursuing the slow steps of Truth, and surmounting the rugged and impeded path of Knowledge, has made him sit down contented with specious falsehood, and in ignorance glossed over with the assumption of wisdom.

Medicine has shared with the other sciences in their advance towards perfection, but; compared with others, it has not gone forward with an equal step. In the practical details, indeed, the improvements have been great; but in the theories, or systems of explanations, and the rules of causes and effects, with their mutual relations, though we are far removed from the absurdities which but a few years ago formed much of the

scientific lore of our profession, we are still far, very far, from being free from the reproach of theorising, in the contemptuous use of the term. Theories with regard to the nature and cause of disease are still abundantly promulgated, not indeed so wild or so void of the appearance of investigation as those which formerly prevailed, but still sufficiently abounding in the errors of gratuitous assumption and false deduction, to warrant the distinction between theorising and thinking. In the other sciences, it is true, theories idle and absurd as any merely mental hallucinations may be, are still occasionally brought forward, but not among the wise. Such things are reserved for the heads of men like Captain Symmes, whose theories of the hollowness of the Earth and the openings at the Poles, only serve to show to what fantasies ingenuity may be led, unrestrained by judgment, and unaccompanied by thorough investigation and sound knowledge. In our own profession, however, theories flourish with all, and not least with the renowned, the learned and the wise, those who are at this day the lights of the science. The theories of these have indeed much that is valuable, and tending greatly to improve the practice of the art, if judiciously used and kept within proper limits, but, pushed to excess, as they often are by their promulgators, involving many incongruities, and much absurdity and assumption. Thus Abernethy, it is said, partly perhaps in jest, could find but little local disease originating without external violence, but what arises from disturbance of the digestive functions,—and, by way of contrast, Broussais, on the other side

of the channel, finds all disturbance of the digestive functions and general health to be the result of some local inflammation. The one treated everything, from dyspepsia to an ulcer on the leg, with blue pill, powdered rhubarb, and the black draught; and the other drains his patients by dozens or even hundreds of leeches, and starves them upon gum-water or infusion of barley, for every complaint of the system—from flatulence of the stomach to the most violent forms of fever.

The reason that the science of diseases and remedies is thus behind the other branches of science, is to be found in its own nature. It concerns the living frame, the secrets of whose minute operations are not cognisable by our senses, and but obscurely, and by inferential reasoning alone, to be developed by the exercise of the mind. Fair as conclusions may often appear, there is still wanting, in a great measure, that certainty of correctness which attends operations and experiments upon inanimate matter. Life is a thing of which we know not the essence, and probably never can know. We can define it only by its effects, and, in endeavoring to arrive at the causes of these, must almost necessarily be often misled. Powerful as is the machine set up by Lord Bacon for rebuilding the Sciences—the only source indeed from which has resulted the improvement that has already been made—when it is applied to our profession, its grasp is neither subtle nor comprehensive enough to act upon all the elements concerned; and with the nicest use of the facilities it affords, much must remain not unfolded to our understandings, affording opportu-

nity for the speculations of the imaginative, and the conjectures of the curious and the bold.

Still our only hope of arriving, in this matter, at all the knowledge that man can attain, must be founded upon a severe logic and rigid system of scrutiny and induction. To these, all doctrines should be subjected before being received or set forth, and on points where doctrines that can stand this test are not to be found, we must content ourselves with being empirics, till, by long and careful observation, we can rear a fabric that will endure.

Of all the subjects that have employed the thoughts and pens of the theorists, that of fevers has been the most fruitful. Fevers constitute the most numerous and important class of diseases with which we have to contend, and have, therefore, in all ages, been the subjects of special inquiry and interest. Their history, symptoms and variations, have been carefully registered, and constant attempts have been made to explain the way in which various causes acted to produce them, and thus to make us acquainted with the intimate or essential cause of the disease. For the most part, these attempts have been the work of mere conjecture and plausible speculation; in the earlier days of the science, founded upon nothing but an observation of the external phenomena, not corroborated by dissections, or even accompanied by any accurate anatomical knowledge. Even after the latter was obtained to a great degree of precision, as far as regarded the structure of parts, so little versed were practitioners in noticing the various shades of diseased appearances, and connecting them with the various symptoms observed during

life, that their deductions were often eminently fallacious from this cause alone. Still the work of theorising went on, and so multifarious and unsatisfactory were the results of the speculations thus made, that at last the title of a "New Theory of Fevers" was regarded, by sober and philosophical men, as an introduction to some tissue of unsubstantial or absurd reverie. There was always some begging of the question, some hypothetical assumption, on which, as on a pivot, the whole superstructure rested; and however ingeniously this might be framed, and however plausible its deductions might seem, the premises being granted, if they were questioned, for want of proof the whole fabric vanished as quickly as the mists of the morning before the rays of the sun.

After all, we know little of fevers except their effects on the body as denoted by their various symptoms during life, or to be traced occasionally in certain changes found upon examination after death. These are so various in degree, proportion and kind, particularly the latter, that we are unable to tell in what, save in functional disorder, the disease consists, if in reality it does consist in anything else. The relations of cause and effect are here so blended, that our utmost sagacity is not able to penetrate through the confusion, and resolve them into their separate classes. Thus we know not yet the proximate causes of the disease, nor the manner in which the ultimate causes act to bring about the changes in which they consist. Even with regard to the ultimate causes, the opinions of professional men are far from being united,

and some points in the discussion of this subject have long afforded fruitful themes of dissention. The more immediate object of this Dissertation is to examine one or two points in their application to that species of fever called Typhus. This has for a number of years been, in some of its varieties, the prevailing fever of New England, and it is therefore peculiarly interesting to us to ascertain, as exactly as possible, its nature—while, at the same time, the facilities for observation within your reach will enable you to judge more readily of the correctness of the statements and reasoning, and perhaps, by calling your attention more particularly to the subject, may throw additional light upon its investigation. The warning contained in the remarks already made upon the uncertainty attending our researches, should only stimulate us to redoubled care in avoiding the errors of too hasty inferences, and *theorising without thinking*.

The principal point of the proposed examination is its contagiousness. That typhus is contagious, has been a popular doctrine in this country as well as in Europe, and indeed the same belief has extensively prevailed with regard to fevers in general. Many, however, have been found to combat the opinion, and much learning and argument have been employed in the contest. Of late, with regard to typhus, this doctrine has been maintained in a work published by an eminent practitioner formerly of this State, whose talents, acquirements and zeal, contributed greatly to the promotion of medical science amongst us, and who, I am sorry to add, since the first

sketch of this discourse was written, has ceased to be numbered with the living. His name and reputation were high and honorable among the Professors of Healing while alive, and now that he is dead, no one would be more unwilling than myself to detract from his just merits. His reasoning does not, however, appear to me to be conclusive, nor does that of any writer on the subject that it has been my fortune to meet with.

What contagion is, is in itself a subject by no means clearly settled, at least as respects its boundaries; that is, it is not agreed what circumstances, in the spreading of a disease, render it decisive that the disease has been imparted by a person already laboring under it. Were the simple fact, that if, out of a number of persons in apparent health exposed to the company of a person afflicted with any disease, one or two should, in any moderately short subsequent time, be attacked with a similar disease,—were this fact admitted as a proof of the contagiousness of that disease, there are few diseases of any prevalence, whether epidemics, endemics, or occurring sporadically, that would not have to be ranked as contagious. So wide a sweep of classification as this, is repugnant to common sense, though among the ignorant it has been and still is believed, to far too great an extent. It is therefore necessary to put some limits, much short of these, to the doctrine of contagion, but the lines of demarcation are still greatly wanting in distinctness.

Contagion may in a few words be defined to be, in diseases, the

power of self-propagation by the communication of some morbid principle from a diseased individual to a healthy one, whereby the disease under which the former labored, is reproduced in the latter. About some forms of disease there is no doubt; their effects are so uniform, the power exerted so well marked, and their characteristics as contagious so distinct, that no incredulity, short of absolute scepticism of moral evidence, can withstand the testimony in favor of their power of self-propagation. These diseases belong mostly to the class of febrile diseases accompanied with some cutaneous eruption, in which there seems visibly to be some morbid matter generated by the disease, and in the generation of which the characteristics of the disease consist. In these, any slight contact with the diseased person, a few minutes' conversation without any actual contact, being a short time in the same room or even in the same house, are all sufficient, in different cases, to produce a perfectly similar disease in the persons thus exposed. The same effect is produced by handling things that have been in contact with the sick, or, in some cases, that have been exposed to the same local atmosphere; and these effects are produced so frequently, and with so few instances of failure, where the exposed parties are liable to the disease, no instance also being known where the disease spreads without some such communication, that no doubt can exist as to the manner of its spreading.

As contagious, in the sense of the word in which these diseases are so, typhus cannot be consi-

dered ; the general experience of practitioners is against it ; we have no evidence whatever of the generation of any morbid matter that may be considered characteristic of the disease ; and it has not the same facility of communication. Though here and there some cases may occur, lending, at first view, a support to a contrary opinion, yet these are comparatively so rare and solitary, that they must in candor be considered exceptions to the rule and requiring explanation.

There is another degree or kind of contagion, which is that of diseases propagated by inoculation. To this class belong the vaccine disease, the syphilitic, some forms of ophthalmia, and some diseases of the skin ; in these, matter generated from a diseased surface in one person, being applied to abrasures, fissures, punctures, or an absorbing surface, in another, will reproduce the disease in the person to whom it is so applied, and not otherwise. Some of the diseases of the kind before mentioned are communicable in this way, with a modification of their violence.

To this class typhus confessedly does not belong ; still it is a fact, that when a person is attacked with typhus, others in the family or neighborhood will often be attacked by it soon afterwards, and it will spread not unfrequently through a whole village or town, or even over a large tract of country, though more of the inhabitants escape its attacks than suffer from them. This spreading of the disease, according to the doctrine under examination, is the effect of contagion, and all the cases are to be traced, either directly or indirectly, to commu-

nication with some person previously affected. The question then arises, whether there is any third degree of contagion, to which typhus may be referred for its classification.

By the advocates of the contagiousness of fevers generally, it is said that there is such a third variety of contagion, similar in its nature as respects mode of communication, which is allied by an insensible exhalation or effluvia to the kind first mentioned, but differing from it in there being no visible peculiar matter eliminated from the body characteristic of the disease, and by which alone it may be communicated ; and differing also in being less virulent, so that it is requisite that a person free from disease should, under common circumstances, be for some considerable space of time exposed to its action, in order to have its effects shown in the reproduction of the disease. From the same want of virulence, it is supposed that this reproduction happens less uniformly than in the first kind, so that out of many persons exposed to the influence of the contagious disease, only a few will in many instances be sufferers. This third degree of contagion, it is said, may also produce its effects upon persons in health, in a short time, by being in a very concentrated state ; as, for instance, when such a person makes a visit of but a few minutes to a place where one or more persons are sick with any disorder supposed to be thus communicable, and where, from the want of ventilation and attention to cleanliness, the air of the apartment is loaded with the fumes emanating from the bodies of the sick, from their evacua-

tions, and from filth collected in various ways. The air of some considerable district of a city, or of the whole city itself, will, it is said, frequently be thus loaded with the sources of disease, so that any person, visiting it only casually, is liable to be attacked by the disease there prevailing.

This third degree of contagion, as above described, seems to be that to which the term *infection* is properly applied by those who contend for the similarity of contagion and infection,—the meaning of the word, by its derivation, being a soaking or imbuing of a body with or in any substance, so that the body thus soaked or imbued shall be filled intimately with and exhibit the characters of it. A disease thus would be said to be infectious, the contagious influence of which, when a person was exposed to it by habitual intercourse with the sick, would, under common circumstances, gradually, and in the lapse of some considerable space of time, penetrate the system of that person so as again to be exhibited in the production of the disease. The same effect might be produced in a shorter time, where the circumstances were more favorable for the action of the infecting matter, either by a greater readiness of the system to receive it, or by its being in a state of greater concentration.

The use of the term infection is however very vague and unsettled, especially among European writers. It is used to express the effect of contagion, sometimes the contagious or morbid matter itself, even in the case of diseases communicable only by inoculation, and also as a general synonym of contagion itself.

It has also, I think, been used even by the advocates of the non-contagiousness of diseases supposed to belong to the third class, and applied by them to these same diseases, with reference, however, to the action of a different cause.

Having thus stated the nature of this third degree of contagion, according to the doctrine of those who assert its existence, it will be proper to examine how far their assertion is correct. It must be confessed that, at first view, there is much to give countenance to their opinion, founded upon general observation of the manner of spreading of epidemic diseases referable to this class. If the spreading of these depend solely upon their possessing the power of self-propagation, if we can find no other cause than infection sufficient to account for their prevalence over considerable portions of a town or country, there can be no question on the subject. Such causes, however, do seem to exist, and of so general a nature, that it is difficult to fix with any precision the extent of their influence; and their effects are so mingled and assimilated with those supposed to proceed from infection, that it is not easy to ascertain the powers and extent of the latter, and, in some instances, its very existence is at least rendered a matter of uncertainty, if not disproved.

These causes principally belong to the class of miasmata. The first and most extensive division is that formerly known by the Italian term, *Mal' Aria*, literally meaning bad air, but which is now assumed as a generic term, comprehending all aërial miasms. Of this there are several varieties.

One of them is that mysterious pestilence, that, in the fairest regions of the earth, under sunny and temperate skies, and amid the blandest breathings of the softest winds, broods over the ruined abodes of ancient splendor and power; which has half depopulated the "eternal city" of Rome itself, and threatens, at some future day, to render that, as it has rendered many of its once subject cities and circumjacent plains, the abode of ruin, desolation and death. Another variety is found, where it would least be expected, among the lofty woods of the Island of Ceylon, along the banks of pure streams of swiftly running water, and also amid a broad belt of forest that surrounds or skirts the lofty mountains of central India. Another variety is found on some of the islands and shores of the Mediterranean Sea, and of the East and West Indies—sometimes on dry and level plains, sometimes on the summits of hills, and sometimes on rocky bluffs rising steeply from the water, with a bold and stony shore at the base. The product of these are fevers of various types, generally malignant in character, and formerly, in many instances, supposed to be contagious—but the local origin of which, though it can be traced to no satisfactory cause, is now considered so well established as entirely to have supplanted that opinion. Many other localities of mal' aria productive of fevers might be mentioned, but it is not necessary for the consideration of the present question.

The next species of miasm is that arising under peculiar circumstances of heat, moisture, close confinement, &c., from de-

caying animal and vegetable substances, putrefying sea water, and, as has been supposed, from the mere effluvia of a crowd of human or animal bodies. The products of this species are, fevers of a very malignant and destructive character, dysentery, diarrhœa, and cholera.

The last kind of miasm is that which, by some writers, has been termed Epidemic Meteoration, and is supposed to consist in some exhalation from the earth, or some distemperature of the atmosphere, happening accidentally and occasionally, oftentimes independent of any visible change in the character of the seasons, so far as our observation can appreciate the matter, at other times seemingly connected with such changes, being of limited duration, though that duration may vary widely in its length, and being also distinct in itself and independent of the other varieties of miasm before specified. In extent this meteoration is extremely various,—sometimes limited to a space of small and definite extent, as a few hundred square feet, at others comprehending acres or miles within its limits, but yet with boundaries of considerable distinctness, admitting of almost geographical delineation; at still other times, extensive districts, countries, empires, or even continents, feel its influence. It seems probable that both the sources above mentioned are concerned in this cause, and that where the boundaries are distinct, and the space comparatively limited, the earth is the immediate source of the disorder—and in the widely-extended cases, particularly those not marked by any very definite li-

mits, that the atmosphere is the residence of the pestilential cause, though, even in this case, it may primarily have been derived from the earth. The diseases ascribed to this meteoration are various kinds of epidemics, all in fact not having some other known cause; and it is to this head that those not believing in a third degree of contagion must refer the origin of diseases considered by others as contagious in that degree. There is reason to think that even the most undeniably contagious diseases are often rendered more than usually prevalent by some epidemic constitution or distemperature of the air, and they may possibly, in some instances, under a peculiar concurrence of circumstances, be produced by it. It is certain that they must originate or have originated somewhere, and that they sometimes spring up without our being able to trace the first instance to any definite source of contagion, though this may exist without our being conscious of it. The matter, like the doctrine, of equivocal generation, is one perhaps which our faculties are not sufficiently comprehensive to embrace; and, like that, as it has puzzled past generations, may be left to perplex and confound the wisdom of generations to come.

Another occasional source of epidemic disease is to be found in diet;—thus when, from a bad season, the grain harvest of a country has been injured extensively by mildew or other similar causes, it has in many instances been observed, that afterwards destructive diseases have prevailed among the population. These have been attributed, and apparently with reason, to the use of

the grain thus injured. Similar effects have been produced, when the usual productions of the earth have been unwontedly scanty, and the inhabitants of a country have been compelled to resort to uncommon and often unwholesome substitutes for their customary nourishment. In connexion with this may be mentioned habits of living, as prevailing among certain classes of people—as it seems to be the case that epidemic diseases sometimes prevail more among the members of one class, than among those of others whose general manner of life is different. This is most apparent in the old continents, where the distinctions of society are great, and the different classes are more nearly levelled among themselves, and have their respective peculiarities of habits in clothing, food, &c., than in this country, where there is a greater uniformity through the whole population.

It is often, however, extremely difficult, in a dense population, to make any separation of this from some of the other causes, such as epidemic meteoration or the miasm from filth and putrefaction. It often does not appear to be so much a cause of disease by itself, as to promote the prevalence and diffusion from other causes.

Some allowance must also be made, in estimating the causes of the prevalence of a disease, for constitutional tendencies, which often prevail through a whole family for two or three generations, including even the remote branches, so that they are liable to be affected with the same diseases, particularly where living together and exposed to the influence of the same general causes. To this it is probably

owing, that pulmonary consumption obtained, among the Italians, and, as I think, some other nations on the continent of Europe, the reputation of being contagious,—an opinion that, in this country, where phthisis prevails far more than in Italy, would be deemed too unfounded to deserve serious consideration.

These different causes of prevailing diseases are but slightly sketched out, as it is impossible, within the limits to which these remarks must be confined, to enter into any minute examination of their varieties of situation, form and appearance; nor is it necessary for my purpose. It may be asserted, however, that much of this statement of causes is theoretical, as much so as the doctrine of contagion; yet we shall find that the concurrence of medical testimony, as far as the matter is now known, will warrant, on impartial examination, a belief in their existence and of the agency ascribed to them. There is one cause of fevers and some other disorders, which has not been mentioned, as being altogether unconnected with the subject of contagion, but which, in its nature, is intimately allied with the most important of the causes mentioned, and the existence of which is beyond the reach of dispute. This cause is the common marsh miasm, giving rise, in temperate climates or cold seasons, to the different types of intermittent fever, and their accompanying diseases, and, in more sultry places and seasons, to the more aggravated forms of these and to bilious remittents.

This marsh miasm is now ranked among the varieties of malaria considered as a genus. With

regard to the other varieties, there seems as little reason to doubt; for their similarity in many instances to marsh miasm, their permanent and distinct local habitation, and the uniformity of their effects—as observed not for one season alone, but for a succession of years—render it impossible for a candid mind, after examining the subject, to refuse its assent to their existence and power.

Concerning the next kind, the miasm arising from putrefying substances under circumstances of unusual heat, moisture, &c., there can in many instances be no deception, as the nature of this miasm often renders it perceptible to the senses, and the attack of disease soon or immediately after exposure to it, independent of any other known source, taken in connection with the sensations frequently experienced at the time, make the inference too strong to be reasonably disputed. Miasms of this kind, when in a state of high concentration, are extremely fatal, producing almost instantaneous death in some cases, and in others instantaneous attacks of disease, under which the subject soon sinks, or if he recovers it is slowly and with difficulty.

Sometimes the operation of this miasm seems to be attended with much uncertainty—the disease extending far beyond the bounds at which any sensible effects, other than the production of disease, are to be perceived, and sometimes seeming to pass, without harming, over those most immediately exposed to it, and visiting with its evils those more remote and apparently in a much more secure situation. This circumstance has occasioned a denial

that the disease could have a local origin, or at least that it could originate from the filthy accumulation to which, in particular instances, it had been imputed. The same circumstance, however, is ascertained to happen in the case of marsh miasm, and also some of the varieties of mal'aria, supposing the opinion of observers with regard to the particular localities of their origin to be correct. Instances of this sort are brought forward by the believers in contagion, in proof of their doctrine, as in these cases they ascribe the spreading of the disease, supposed by others to arise from this miasm, to contagious properties in the disease, and not to remote or irregularly acting miasm; but as similar irregularities occur in marsh miasm and mal'aria, the diseases arising from which are recognised not to be contagious, this argument can prove little or nothing.

The effects of bad diet in producing diseases are still more uncertain in their operation as a general cause. Sometimes they appear so intimately connected in circumstance with the cause, as to appear obvious to even the least observant; sometimes they appear to act only the part of predisposing to disease; and it is frequently doubtful whether the disease and the badness of the diet may not both be owing to the same general cause. This is in those cases in which, from some irregularity in the seasons, or some peculiar state of the atmosphere, the productions of the earth are not of their common goodness or in their common quantity. In these cases, there seems to be a connection between this cause and epidemic meteoration,—of all the

general causes enumerated the most fruitful in doubt and dissension.

Meteoration appears to be literally "the pestilence that walketh in darkness and smiteth at noonday." That some such cause exists, has been recognised by the profession from its earliest establishment; but of its origin and nature, little if any more is known, than in the time of Hippocrates. No evidence can perhaps be produced, which will reduce our convictions of its existence to an undeniable certainty, yet so much, that to deny it would be unreasonable scepticism. The very causes already enumerated are among the proofs, by the analogy they afford. The chief point in which it differs from the other miasms is in its want of regularity, and not having like them a definite known location. With the exception of the putrefactive miasm, they are all alike out of the reach of our organs of sense, and even of the most refined tests afforded by chemistry. We know them but by their effects. In these the different species of well-ascertained miasm are tolerably regular, while the epidemic distemperature of the air produces, at different times, different diseases, possessing, as is thereby rendered probable, different varieties of nature. Sometimes it seems to accompany seasons verging to any of the extremes of moist or dry, hot or cold, and sometimes defies for years the alterations of all. In some instances its influence is limited to one season, in others it does not seem to feel their change. Its victims are around us, but we know not whence comes the blow that strikes them down, nor how

it may be avoided. When it prevails, it sometimes seems to act in producing disease through its general influence, and sometimes through the intervention of some exciting cause.

These exciting causes seem to be any of those which, resulting in debility of the human frame, render it less able to withstand the pestiferous influence. Over-exertion of body or mind; undue exposure to wet, cold or heat; irregularity of hours for food and sleep, or deficiency of these; badness of diet; harassing, anxious or violent passions,—all these, when a general cause of disease is exerting its power over the system, are often sufficient to determine the attack, which possibly, but for them, might have been escaped. They do not act alike on all individuals; but in proportion as they do act in invalidating the natural power of resisting disease, so are they followed by the epidemic.

Atmospheric causes, as has been remarked, seem also to be complicated with the undoubtedly contagious diseases. Thus small-pox, measles, scarlatina, &c., spread in some seasons with much greater rapidity than in others; their ravages are more extensive, and their attacks more fatal. The symptoms of the accompanying fever are also much diversified, seeming to take their character from what was called by Sydenham the Epidemic Constitution of the year.

The effects resulting from the influence of these general causes are exactly such as to lead to the popular belief in the contagiousness of the diseases thence arising, and it seems likely that the notion of a third degree of contagion

might hence originate. A slight sketch of the manner of spreading of an epidemic arising from meteoration will be pertinent to the present inquiry, as such must probably be the source of typhus, if it be not contagious.

In the first instance, when the distemperature of the air or the exhalation from the earth has reached a sufficient degree of intensity to manifest its effects upon the human body, one or two are at first attacked, from some peculiarity of constitution rendering them particularly obnoxious to its influence, or from some more than common exposure to it; often in consequence of some prior disease, through the debility thereby induced, or from the action of some of the other exciting or occasional causes. Others in the same family or neighborhood soon follow, from similarity of constitution, habits of life, and residence in the same spot where, as beginning, the cause may be supposed to have the greatest intensity of action. To these may be added the unusual labor, anxiety and watching, occasioned in a family by illness and the necessity of attending closely to the sick, and respiring the air of their chambers, tainted, as it must be under all common circumstances, with the secretions and excretions from their bodies of an unnatural and impure character. If the meteoration be extremely limited, it may not extend beyond the bounds of a single residence, though within that almost every one may suffer. If rather more extended, two or three adjacent families may partake of the calamity, especially those in the habit of rendering attention to the sick; sometimes the cases in the differ-

ent families may begin at nearly the same point of time. If the meteoration acts upon a still larger space, cases will soon occur throughout the neighborhood, and with the aid of the occasional causes above recited, the disease will become prevalent through the whole tract, however large, over which the miasm hovers, or from which it emanates.

It is extremely natural that persons unacquainted with the existence of general causes, and more apt to refer to something sensible for a cause, than to what is insensible and difficult to be comprehended, should trace all these cases to the first that occurred, considering that as a parent stock, and learn to look upon the disease as "catching." From the influence of youthful prejudices or early imbibed doctrines, it is equally natural that those more acquainted with diseases should, in the infancy of the science, have embraced the same opinion, and finding it to agree so well with what passed before their eyes, should have concluded that its difference in other respects was merely some anomaly, and therefore refuse to admit that the opinion they had been taught to believe could be wrong—and that thus the opinion should have been handed down from one generation to another.

Where the want of cleanliness and ventilation is extreme, a variety of putrefactive miasm may be combined with that of meteoration, rendered by the same cause more than commonly concentrated, and thus produce a very immediate attack of the disease after only slight exposure to it—or, more properly, to its causes; or even at some distance

of time after, in consequence of the known circumstance of miasm becoming, as it were, latent in the human body, and yet ultimately producing its peculiar effects, as we occasionally see in intermittent fevers in this part of the country, derived from marsh miasm several hundred miles distant, and after an interval of several months.

In short, as regards the apparent manner in which diseases spread, the effects of epidemic meteoration within the limits of its action, when these are of any considerable extent, are so like those that would be produced by infection, that the dispute seems, at first view, more about words and names than anything else. Its only importance is to those out of the reach of the general cause, if it be one of limited locality, as is often the case; and this is sufficient to render it highly desirable, for the cause of humanity, to have the point definitely settled: for where there is such a thing as contagion in a disease of any severity, it must render it expedient to confine all who may possibly have been infected by it, as well as those actually sick, within as narrow limits as possible, lest they should carry the death and desolation of their own homes among their as yet uncontaminated neighbors. In like manner, it is proper to prevent these neighbors from having any intercourse with the sick, save what will barely suffice to render the assistance which humanity demands; with all the other precautions that have been taken in such cases. Such a state of things might almost justify, as regards mere political expediency, the cruel procedure said to be

practised in Abyssinia, when the smallpox attacks a family. In this case, the neighboring population assemble round the house in arms, and set it on fire, consuming the dwelling and its inmates together. Should any of them attempt to escape, they are shot down like wild beasts the moment they leave the flames.

To determine, however, whether a disease be infectious or proceeding from the operation of some general cause, must in many cases be a point of extreme difficulty, from the external similarity in the manner of their spreading, as has been stated. In some cases, the disease attacks so many nearly simultaneously, without, in some, any known exposure to the presence of the disease, that it thus decides the question. In other cases this does not happen, and the ground is matter of dispute. This dispute has long existed, though the number of disbelievers in contagion, other than of the first kind, has of late years greatly increased—as men have been more diligent in investigating the phenomena of diseases, and the circumstances attending their rise. With regard to many of the old instances cited in proof of the contagiousness of certain fevers and other diseases, the time is past in which an investigation might have been made, and perhaps have shown the inferences drawn from them to have been unfounded. It is therefore lost labor to be employed in discussing these; it is only with regard to instances of recent date, and those yet occurring, and to occur, that our researches will avail.

Notwithstanding the complexity and perplexity of the subject, there are some leading points that

may be taken as grounds of opinion, and as forming distinctive marks between contagious diseases and those proceeding from the action of a general cause; although in many or most other respects of comparison, they should appear extremely similar.

The first is, where several persons are attacked nearly simultaneously, without particular communication with each other or any person already sick; or where they are successively attacked without such communication. In these cases, it seems most proper to infer that the disease must proceed from the action of some general and common cause; such as some peculiar miasm, either in the air or emanating from the earth, or some putrefying source, &c. This inference is strengthened, if any source of such miasm be known to exist; also, if many of those in most immediate attendance upon the sick escape, while others less employed about them are attacked,—though the contrary does not equally favor the other side of the argument, as these very persons are most likely to experience the effects of a general cause, from their exposure to fatigue, anxiety, &c.

Secondly, where the disease is of limited locality. However rapidly it may spread within its limits, if patients removed to some considerable distance do not communicate the disease, it cannot be considered as contagious, but may be presumed to arise from some general cause. It ought, however, to be merely the diseased person that should fail to communicate the disease. The cases where it is supposed to be communicated by foul linen, bedding, &c., ought hardly to be con-

sidered proofs of its contagiousness; for these things are capable of enveloping in their folds and interstices considerable quantities of miasm, and of conveying it from place to place. They are likewise imbued with the depraved secretions of the diseased persons who have used them, and being in this state packed down close, may well be supposed, in consequence of the fermentative action known to take place under such circumstances, to add doubly deleterious properties to the air which they contain, and render the poison of the miasm so concentrated as to be ample cause of disease in the persons exposed to them before purification. The force of this argument will be much greater in cases where the original miasm is of a putrefactive nature, which may possibly, or even probably, be the case with all the varieties.

Thirdly, if a disease be contagious, its seizing upon persons being fortuitous, it will not interfere with the diseases generally prevalent at such times, except in its own particular subjects. That is, among those not exposed to the contagion there will be about the usual number of diseases, according to the population, that there would be if no such contagious disease prevailed; and these diseases will run through their usual course of symptoms, and to their usual termination, as if the contagious disease had no existence.

When, however, a prevailing disease proceeds from the action of a general cause, its effects will be shown upon other diseases. They will either be for the most part superseded by the prevailing disease, or they will have their peculiar character and symptoms

modified by its action, so as to partake of its nature in a greater or less degree,—as stained glass imparts a tinge of its hue to all objects seen through it, whatever their original colors may be. When, therefore, any epidemic has this character of superseding other diseases, or of mingling with them so as to give them its own peculiar constitution, it may reasonably be inferred that it is not in itself contagious, and that the apparent communication of it is a deception, and in reality owing to the general operation of its cause and the action of occasional or exciting causes.

Against this statement and inference it may however be argued, with considerable plausibility, that the infectious effluvia arising from the persons of the sick may be so diffused through the air, remaining suspended in it, as to exert some general action upon all, and sufficient upon those whose vital powers were laboring under disease, to produce its proper effects, either wholly or partially, upon them. Where the sickness is great, the air confined, and the place densely populated, it does indeed appear as if this might be the case; but it is not likely when the numbers of the sick are few and scattered, the air free, the situation open, and the houses, as they generally are in our country villages, ranged along the sides of only one or two streets, with yards and gardens between, and fields in the rear,—and it is still less probable in the scattered farm houses that make the bulk of a country town. A yet stronger argument, and one applicable to all situations, may be brought against the supposition from the undoubtedly contagious diseases. These have likewise

their insensible effluvia, by which, under common circumstances, they are propagated with almost infinitely greater facility than those considered infectious, and consequently would much more strongly infect the air; yet they do not thus mingle with other diseases, giving them a coloring of their own, throughout their whole variety. A person that has the smallpox or the measles, has these diseases definitely;—we do not hear of varioloid pneumonia, or enteritis with symptoms of measles, or inflammation of the liver with the character of scarlatina. These affections, nevertheless, may possess their simple inflammatory character, or have symptomatic fever of a typhoid or bilious nature,—showing thereby how much superior in effect, as general causes, must be those of typhous or bilious fever, to the effluvia of contagious diseases; whereas, if they arose from infectious matter in the air, they ought to be inferior. Hence it seems to be a fair conclusion, that the principle above stated is correct.

Fourthly, when a disease arises from some of these general causes, it will frequently be the case that it will not show itself fully at once, but will first exhibit its effects in modifying other diseases—giving them a character different from what they before had, and belonging to its own nature. Afterwards the fully-formed and distinct disease will appear. This remark applies to those cases in which a considerable time may be supposed necessary for the full development of the activity of the cause, as in the case of periodical miasms returning with certain seasons of the

year,—as, for instance, that causing the bilious remittents of our southern seacoast; or in some occasional and accidental miasms, depending on a concurrence of peculiar circumstances to produce them, as a long continuance of calm, dry, hot or rainy weather, acting upon the surface of the earth; also in varieties of epidemic meteoration of great extent, where the atmosphere appears to be the source of the disease—since some time would seem requisite to change sufficiently the character of an agent of such extent, and fully to impregnate it with morbid properties. It does not seem requisite that this rule should be always applicable; for the more powerful action of causes may sometimes produce, in a short time, the effects commonly produced in one much longer: but where it does apply, the inference is decidedly against the doctrine of contagion.

Fifthly, where isolated or sporadic cases of a disease occur, without any known prevention to their spreading, if they were contagious. Such cases must be presumed to arise from some peculiar personal exposure or habits, and are altogether at variance with the doctrine of contagion in such instances, though not so with that of a general cause.

If these rules be applied to those diseases which are contended for as being contagious in the third degree, or infectious—according to the nomenclature that I have used—they would, as far as my recollection of the history of such diseases serves, go far to prove that there is no such thing as contagion of that kind, or that at least many of the seeming in-

stances of it must be erroneously conceived of ; and that, by a proper investigation and examination of them, with a candid mind and a careful inquiry into the general causes of disease, the true nature of these instances would appear. The only way of avoiding this result seems to be, in supposing that a disease may be propagated by contagion and by a general cause at the same time,—a doctrine little consistent with philosophy, and, if admitted, likely, through its immediate or remote consequences, to put an end to all certainty in medical science.

It will not answer to deny the existence of such a cause as epidemic meteoration, as this would be too contrary to the testimony and opinions of the most careful observers of which Medicine can boast, and too much in opposition to the knowledge we have of late years obtained of the various kinds of miasms—with which, in its nature, this seems to possess a strong affinity. Indeed, the more attention we pay to the observation of aerial and terrestrial causes, the more reason we find to extend our belief as to their existence and number ; and a late able writer has done much to show that not only epidemics, but many other instances of disease, may probably be found to owe their origin to these sources.

Admitting these conclusions, there can be no difficulty in deciding that typhus is not contagious ; for it will, it is believed, be found that it is comprehended under every one of these points of distinction : for,—

1st. Where typhus begins to be prevalent, it will often happen that several persons will be attacked nearly simultaneously,

without any, or any particular, communication with each other, or with any diseased person ; while others, in equal or greater numbers, that have such communication, escape.

2d. It is often confined within very narrow limits, and does not spread out of them. Thus sometimes, in a large family, only one or two persons will be affected ; at others, nearly or quite every one will be taken down, either successively or nearly at once, while the next neighbors, in constant communication, will have only one or two cases, and sometimes none at all. Also it will happen, that if a person sick with it be removed to a distance, or if a person that has been where it is prevalent, be, as is sometimes the case, attacked with it after having removed to a distance, they will go through with it without communicating it to others, even in fatal cases.

3d. It is matter of notoriety among physicians, that when typhus is prevalent, it supersedes other fevers or combines with them, so as to materially alter their character from the onset, and finally to bring them into its own form. This will be the case even with the symptomatic fevers of the most purely inflammatory affections, as, for instance, laryngitis. I have witnessed instances of this complaint occurring in a typhous distemperature of the air, in which, when, after a few days, the local symptoms were almost wholly removed, the attending febrile symptoms, always of a less intense character than usual, assumed distinctly the form of typhus, and lasted two or three weeks, going through all the changes of a regular attack of a

mild form of the disease. I have also seen it, in like manner, succeed to a painful attack of the nerves of the face arising from cold and a disordered state of the digestive organs ; but it is useless to multiply facts so well known.

4th. When typhus itself is not actually prevailing, but as a kind of precursor to its prevalence, febrile diseases of a tonic character will lose the mode of action peculiar to that character, and assume a typhoid form, requiring a corresponding change of practice for their successful treatment. Subsequently, simple typhus will frequently make its appearance. Instances of this have often been related, and it has occurred within my own observation, as will presently be shown by a short narrative.

5th. Isolated and sporadic cases of typhus frequently occur without any known source of contagion, and without any subsequent extension or prevalence of the disease. Such I have several times witnessed, and have heard mentioned by other physicians as occurring to themselves.

These views of typhus have been much confirmed by witnessing the rise and progress of the disease in my own vicinity, from a state in which there were no appearances of it, to one in which it was the prevalent disease, and gave a tinge to almost all other complaints.

During nearly the first three years of my residence in Charlestown, I did not see a single case of typhus. Idiopathic fevers of any kind were few in number, and were generally of a simple form, sometimes complicated with bilious symptoms. The symptomatic fevers were decid-

edly those attending simple inflammation, requiring depletion, and greatly and promptly benefited by it. Towards the close of the third year, the first case of typhus occurred. It was in a robust old man, and was very severe, approaching more nearly to typhus gravior than to the milder form. This man had not probably been half a mile from his own farm for several months, and no cases of fever in any way resembling this had occurred in the neighborhood. He recovered, and no other person in the family or neighborhood had any similar attack till nearly two years after, when one or two cases of typhus mitior occurred in the house of one of the nearest neighbors, and the next year after these, two or three more in two other houses. The neighborhood consisted of only about half a dozen houses within a mile, and these were scattered in various directions. In the immediate vicinity of the houses in which the cases of fever occurred, were several small marshy spots or bog-holes, overgrown with alder bushes and strown with decaying timber. The place was at the distance of several miles from the village, where no typhous affection occurred, until four or five months before the second set of the above cases—when, in the early part of the spring of 1826, there were two or three cases of typhoid pneumonia complicated with bilious symptoms. In the next spring there were two or three more ; and soon after, when the weather had become more warm and settled, typhus began to show itself distinctly. The first case that occurred, followed immediately upon the measles. The

symptomatic fever did not subside with the eruption; but while the latter disappeared in the usual time, the fever assumed the form of typhus, and ran through its accustomed period. The next case did not occur till some time after, in the person of a criminal in the gaol, who had been for some time under close confinement. A few days afterwards, a girl in the next house was taken sick, and then one on the opposite side of the street, which is very broad. Afterwards three cases happened almost simultaneously in another house a few rods below the gaol, in the persons of two men and a lad of sixteen, who were overtaken by a shower in the fields, while much heated with exertions to get some work completed before the rain should begin. According to their accounts, they all caught cold, felt unwell for a few days more or less, and were then all taken down with the fever. None of them had had any communication with the persons previously affected. The boy was removed to his father's, at the distance of a mile and a half from the village. His case was protracted and severe, but no other person in the family had the disease. One of the men went to his own house in a different part of the village, and at some distance in the outskirts of it. He was poor, and lived with his whole family of five or six persons in a common room; yet no one there had the fever but he. The third man remained in his own house, where they were all attacked: after being for some days apparently convalescent from the fever, he died suddenly of what externally appeared to be an attack of the bi-

lious colic. No one in this third family had the disease subsequent to these attacks. Several weeks after the prisoner in the gaol had recovered, two of the gaoler's family were attacked about the same time; they were, however, young persons, who had little or nothing to do with attendance on the prisoner, while those who had been thus employed escaped. There were a few other cases scattered round in the village and in its vicinity, without any more apparent connexion with each other—frequently but one and never more than two in a family. The whole did not end till winter began to set in with some severity, when typhus as a distinct fever ceased to appear; and the few febrile cases that occurred during the winter, were those of typhoid pneumonia, or, more strictly speaking, bronchitis, either subacute or chronic, with typhoid fever,—also inflammations of the throat, with fever of the same kind, and a disposition to aphthæ.

With the return of warmer weather the disease assumed its more simple form, and soon became more prevalent than in the preceding year, though principally confined within much narrower limits,—almost all the cases in the village occurring within a space one third of a mile square, and only a few cases happening out of the village, and those irregularly and distantly scattered. The tract where the disease thus prevailed, is in the lower part of the village, where the soil is naturally rich and tenacious of water, and where, in consequence of the heavy rains of these two summers, the water was almost constantly standing in shallow

pools out of the carriage path, overgrown with an unusually rank crop of common road-side herbage. Indeed, in by far the greater part of the cases that occurred, whether in the village or without, there might be found, in the vicinity of the habitations, some spot where water was stagnating and abundant decomposition of vegetable matter going on. Persons from without what seemed to be the limits of the fever, were constantly visiting and watching with the sick, and in no instance did these subsequently become themselves the subjects of the disease. One or two also, who, after being attacked, were removed to a distance, did not communicate the disease, although one of these very cases was by far the most severe that occurred, and terminated fatally. With the setting in of steady cold weather, typhus disappeared; but again, in the early part of the spring, showed its influence as before on the pulmonary complaints of the season, and already, since the weather became warmer, has appeared uncombined in one or two cases occurring in my own family—in persons whose situation and habits gave me a moral certainty that they had been exposed to no contagious source.

Another point in the theory of the disease, advanced by the same distinguished physician, is, that it is a specific disease, or a disease "*sui generis*." If by this be meant that it is a distinct variety of fever throughout its course, I should probably agree to the position; but if, as from the context seems more probable, it be meant that typhus is a disease by itself, like smallpox or measles,

the doctrine seems very questionable. Much of the proof in support of it rests upon the assumption of its contagiousness; and so far as that has been invalidated by the foregoing arguments, so far is this also. It is however also urged, in favor of the supposition, that it seldom or never attacks a person twice. The proof of this is his own personal experience, and a somewhat unwarranted scepticism of the observation of others. Physicians of no great pretensions to nosological accuracy, may no doubt sometimes confound other affections with typhus; but those of any considerable acquisitions in science, and of careful discrimination, would not be likely to do it,—and there is the testimony of such in favor of its having more than once affected the same subject. Even admitting it to be a rare occurrence, it will not do therefore to argue that typhus is a specific disease and generated by contagion, for there is no reason that I know, why the susceptibility of the human body to the impression of a general cause should not be exhausted by the attack of the disease produced by that cause, as well as in the case of its being produced by a specific contagion. Indeed we have an instance in favor of it in what is called the stranger's fever in the southern States of the Union, by which the undue sensibility to the influence of the climate is wholly or in a great measure destroyed. To deny however the possibility of a second attack as the case stands, and that not unfrequently, would only prove that there are two diseases so much alike, that skilful observers cannot readily distinguish them, if they can at all,—a thing

not easily to be credited, and of no use if it could be proved, except to render impotent support to a theory already deficient enough not to be materially benefited by it.

Farther investigations with an eye to truth and not to theory, will, it is hoped, render these points more settled, not only in typhus but in other idiopathic fevers.

Such are the conclusions to which a careful investigation of the subject has led me, and such the reasoning by which those conclusions were formed ; still in candor it must be confessed, that however satisfactory the general principles, as such, may seem to me, there are cases related, that, if taken literally as reported, would seem to admit of a more easy explanation by the contrary doctrine, and require a remarkable coincidence of circumstances to account for them as arising from a general cause ; though there is nothing impossible, or perhaps improbable, in the occurrence of such a coincidence. It has been remarked, that numerous as are false theories in medicine, false facts are unfortunately equally numerous.

“What follows springs from what has gone before,”

has unhappily been far too much the motto of our profession ; and besides, in relating the occurrence of things, many previous or accompanying circumstances are often overlooked or omitted, which might give a very different complexion and bearing to what is actually told. In our reasonings, also, we are far too apt to examine facts with a view to establish notions previously, though perhaps sometimes imperfectly formed, instead of simply to arrive at the

truth, without regarding on which side it may appear ; and this will give, even insensibly to ourselves, a corresponding coloring to our statements. Such apparently anomalous cases must therefore be noted as subjects of investigation, and thus have their correctness tested ; for what has several times happened in such cases will be likely to happen again, and by carefully noting the attending circumstances, either the apparent difficulty will be explained, or more correct principles established.

II.

MR. LAWRENCE ON INCONTINENCE OF URINE.

INCONTINENCE of urine arises in consequence of inflammation of the bladder—that is, in the inflamed state the bladder perhaps can hardly bear the presence of even the smallest quantity of water, so that there is an incessant desire to expel the urine immediately on its being secreted, and this is called incontinence of urine. This affection, however, sometimes takes place under circumstances where the immediate cause of it is not quite so obvious. It is by no means uncommon in young subjects—in children—occurring in them particularly in the night. They hold their water very well during the day-time, but when they go to bed the contents of the bladder escape insensibly during their sleep, and thus they wet the bed. This often goes on to a very considerable length, and children are punished for it. An idea is entertained that they will not evacuate the contents of the bladder in the proper way, from negligence or carelessness : how-

ever, there are many instances in which we cannot refer it to that cause; and in the majority of cases, if not in all, it is to be referred to disease, and does not depend on the will of the patient. It should seem that, in these instances, there may be a condition of the bladder something like that of chronic or slight inflammation, so that it is excited by the presence of urine in a greater degree than usual; insomuch that the contraction of the bladder, which in the natural state is a kind of half-involuntary act, takes place more readily than under ordinary circumstances; the bladder contracts, and the urine is evacuated without awakening the patient.

In these cases our first object is to take care that the stomach and bowels shall be kept in a proper state, by regulating the diet and the patient's general mode of living; and by doing this, we, in a great majority of instances, put a stop to the affection, but not in all. If we find further measures necessary, we employ in succession the warm bath, the tepid bath, and the cold bath; and if these fail, we may then have recourse to what seldom will fail, the application of a blister to the lower and anterior part of the abdomen in the neighborhood of the bladder.

Incontinence of urine may sometimes, perhaps, arise from mechanical causes; a calculus, for instance, in the bladder, may be so lodged in relation to the orifice of the urethra, as to close up a portion of it, and leave the rest open for the continued escape of the urine.

Retention of urine frequently takes place in consequence of particular states of the bladder.

It will be produced, in the first instance, from a complete interruption or diminution of the nervous influence, as in the case of serious injury to the spinal cord, from fracture of the spinal column, or concussion of the cord. The contractile power of the muscular coat is lost; under such circumstances the patient has not the power of emptying the bladder, and we are obliged to relieve him with the catheter. Probably a somewhat analogous case—that is, either an interrupted or diminished influence of that part of the centre of the nervous system with which the nerves of the bladder are connected, produces the retention of urine which takes place in the last stage of typhus. The bladder then becomes distended, and we should relieve it in the usual way; not that it is very necessary as to the result of the case, but it would not be very creditable to us as practitioners to allow that retention of urine to continue. Retention of urine frequently occurs, particularly in old persons, from an over distended state of bladder, brought on by neglecting to expel the urine when it is accumulated, so that the muscular coat of the bladder loses its power. In elderly persons the sensibility of the bladder seems to be diminished, so that they do not feel the necessity of voiding the urine so much as young persons do. Then, again, a person not being conveniently situated for emptying his bladder, neglects the first call, allows it to become distended, the desire perhaps goes off, a large quantity of water accumulates, and the bladder rises up to the umbilicus, or even higher; and when the patient is in a con-

venient place, and attempts to empty it, he finds that he is totally unable to do so, and that he cannot void any water at all. We introduce a full-sized catheter, and let off a large quantity—some pints, perhaps; the bladder becomes distended again, and the patient is not able to evacuate its contents by the natural efforts, therefore we must go on introducing the catheter at short intervals, to prevent the distension, and this gives an opportunity to the bladder to recover its natural contractile powers; and sometimes several weeks may pass in this way. In such instances we may sometimes, if we do not pay attention to all the circumstances, be misled by this fact, that when the distention has gone on to a certain extent, the resistance which the neck of the bladder naturally affords to the escape of the urine is overcome, it gives way, and the water flows out of itself; thus incontinence of urine is joined to retention. You have, therefore, got apparently two opposite states in the same individual; the bladder is excessively full, the patient cannot evacuate its contents, and yet the water involuntarily flows off in small quantities through the urethra. In the natural state, the contraction of the sphincter of the bladder counterbalances the force which can be exerted by its muscular coat; so that, when we are going to evacuate the water, we are obliged to call in the assistance of the abdominal muscles; and when the muscular contraction of the bladder becomes greater than the resistance which the sphincter offers to it, then the urine passes through the orifice of the urethra; and after the patient is relieved, it produces a renewal of this involun-

tary flow. In the case, therefore, of an old person who may complain of not being able to hold his water, and when you find the water flowing off involuntarily, do not give any opinion about it till after you have, at all events, laid your hand upon the abdomen, and felt whether the bladder is distended or not; for very serious consequences may be produced by a mistake of this kind. It happened to me, a good while ago, to be sent for to see a gentleman laboring under an affection of the bladder; and the medical attendant who had lately seen him, mentioned that the case was one of great irritability of the bladder—that it would hold no water at all—the urine passing off as fast as it came into it. He said he had been doing all he could to get the natural power of retention of the bladder restored; he directed the patient to drink diluent fluids—in short, he had done all he could to prevent it, but still the water ran off. It appeared to be a singular case. I put my hand under the clothes upon the abdomen, and I felt the fundus of the bladder forced up a good way above the umbilicus. I said I had brought a catheter with me, and that I might just as well introduce it, to see if there was anything in the bladder. I introduced it, and about five pints of urine immediately flowed off. The fact was, that the bladder had been allowed to be distended in this way about five days before I saw him, and the consequence was, that that gentleman never recovered the natural power of emptying the bladder afterwards, but he, after a certain time, acquired the art of introducing the catheter, which he still employs; he can introduce it, and let off the water whenever he

finds a desire to do so, but he never has been able to empty the bladder by the natural powers since that time. It is of great importance, therefore, to introduce the catheter in cases where the bladder has been over-distended, and to continue to do so, so as to enable the muscular coat of the bladder to recover its natural contractile power, in order to prevent patients from being reduced to the very serious and unpleasant state of not being able to relieve themselves by their own natural efforts.

III.

PNEUMONIA—EXPECTORATION OF PUS—CONVULSIVE EPIDEMIC.

THE Medico-Chirurgical for the last month contains some account of the proceedings of the Medical Institutions of France. We regret that we have only room this week for a very few notices of those proceedings.

Treatment of Peripneumony by large Doses of Emetic Tartar.

At a late meeting of the Medical Society of Paris, the subject of antimony in pulmonic inflammation was broached, and M. Thealier asserted that he had multiplied his observations to a great extent, and could positively affirm that antimony, in large doses, constituted a most important and efficacious remedy for the phlogosis in question. He avers, indeed, that in many cases, where all other means had failed in arresting the progress of the inflammation, and where the lungs or pleura were threatened with fatal disorganization, the tartrate, in large doses, put a stop to the ravages of the disease. There can be no doubt

that antimony is a powerful auxiliary to the lancet in pulmonary, as well as many other inflammations.

Mysterious Expectoration of Pus— Hepatic Abscess, &c.

A case related to the society by M. Merat occasioned a very warm discussion among the members, and, as usual, drew forth many curious facts and observations. The original case was as follows:—A young lady expectorated twice a day, for a long time, a large quantity of purulent matter, of a very fetid odor. The expectoration occurred early in the morning, and again at two o'clock, p. m. The paroxysm, which generally lasted only a few minutes, was preceded by a sense of suffocation—then came on a slight cough, and a discharge of a tumblerful of pus in a few minutes. The chest was examined with the stethoscope, and it was thought that an excavation existed in the posterior and lower portion of the left lung, but they do not appear to have been very positive as to that point. This young lady had been subject to attacks of this kind for some years, and married, contrary to the advice of M. Merat, at an early age, and became pregnant. She got to the eighth month of utero-gestation, having frequently required venesection. The expectoration of purulent matter ceased, and this lady died in two or three days' illness. On examination, (which was unavoidably confined to the thorax) no trace of disease could be found in either the lungs or their coverings. There were no adhesions—no trace, in short, of any malady whatever.

M. Gendrin remarked that, as hepatic abscesses sometimes make their way through the diaphragm, and the matter is evacuated by the trachea, this might be a case of the kind. It is astonishing that, in such a society, no one observed that such a thing was impossible in the present case, where there were no adhesions, nor any breach of structure in the diaphragm, through which the hepatic pus might pass. M. G. related the case of a lady who had suffered for several years from attacks of purulent expectoration, preceded always by engorgement and tumefaction of the right hypochondrium. The matter was ejected by a combination of vomiting and coughing, after which the region of the liver diminished for two or three weeks, when the symptoms were renewed. This female is still living, and has been seen by Recamier, Dubois, and many other eminent physicians of Paris.

M. Sandras conceived it probable that, in M. Merat's case, the puriform matter came from the stomach—the cough and sense of oppression preceding and accompanying the discharge being no positive proof that the matter came from the lungs. M. Merat himself acknowledged that he now came to a similar conclusion, in which, indeed, we entirely agree. M. Merat declared, however, that the pus, on repeated examinations, was pure, and without the least admixture, apparently, of mucus. Various opinions, supported by cases, were brought forward respecting hepatic abscesses, but these we need not detail.

Convulsive Epidemic.

At a sitting of the Academy M. Traunoy read a memoir on a convulsive malady, which has reigned for some time epidemically in the commune of Bray-sur-Somme. At the instance of the Prefect, M. Traunoy was summoned to the scene of action, and there found four females affected with the malady. The first was a girl of 17, and her attacks resembled hysteria; they terminated in a deep sleep, and the patient retained no recollection of what had happened. The second uttered cries resembling the crowing of a cock. The third had a kind of hiccup, imitating the noise of a fox. The fourth cut all kinds of capers, leaping like a carp, climbing along a wall with her head downwards, and so forth. M. Traunoy affirms that it is not unusual for the women in the environs of Amiens to utter cries like those of different animals, and even to interrupt divine service in such a manner that they require to be turned out of the church. M. Traunoy alluded to the epidemic *mewing* observed in a convent by Hecquet, which ceased on the physician's declaring that it would be absolutely necessary to bring in a company of soldiers, to flog the fair sisterhood round. The thanks of the Academy were voted to M. Traunoy for his curious paper.

For our parts we have no doubt that the "epidemic" was nothing less than that mixture of humbug and hysteria, in which the fair sex occasionally delight to indulge. As for the barkers, and pantomists, and mewers, we protest that M. Hecquet's drum-major and cat-o'-

nine tails would prove an infallible specific. If the worthy mayor and M. Traunoy, instead of writing proclamations and memoirs, were to call in the assistance of the arm militant, or souse their patients with some buckets-ful of cold water, we have no doubt that the candidates for the "con-

vulsive epidemic" would speedily vanish. These are the means which succeed à merveille in hospital practice, and although young ladies must be treated more tenderly, yet the principle will hold in all, however prudential considerations may modify the practice.

BOSTON, TUESDAY, NOVEMBER 9, 1830.

SURGEON-DENTISTS' MANUAL.

WE have before us a small duodecimo, recently published by Carey & Hart, of Philadelphia, which contains a great quantity of information on the anatomical structure and the physiology of the teeth. The author, Mr. WAITE, has been impressed with the necessity of a thorough knowledge of anatomy, in order duly to comprehend the nature of dental maladies, and one of the chief objects of this little volume is, to afford the means of supplying this want, without resorting to the voluminous works in which systems of anatomy are usually taught. The bloodvessels, absorbents, nerves and muscles, more nearly connected with this useful set of instruments, are accurately described; the growth and changes they undergo at different periods of life, and their relation to the same instruments in other animals of the class mammalia, have also received a very proper share of the author's attention. The work cannot fail, we think, to answer well the purpose for which it was designed, of a manual for the practical dentist,—and in the notes will be

found some useful hints respecting the diseases of these structures.

NEW THEORY OF HUMAN DEFORMITY.

THE object of the inquirer into physical science is generally regarded as twofold; first, the careful observation of facts—and secondly, the comparison of these facts so as to deduce from them the laws of the science in question. It is evident, that of these two processes the first ought to precede the second; and the more fully and completely the former has been performed, the greater facility will be afforded for the accomplishment of the latter. The more extensive then the observation of facts, and the greater number of individual instances observed, the more likely are the laws deduced to hold true in future cases. At best, however, physical laws must fall short of absolute certainty; since it is impossible that every fact in nature should have been observed, on which a law has any bearing, before the law itself is laid down; and should facts subsequently discovered be inconsistent or opposed to it, the law must be discarded. It is then obvious, that

should we in our physical inquiries defer laying down any law until its universal application could be absolutely proved, physical science must remain a mass of insulated and unconnected facts, without order or beauty. On the other hand, it is evident that the establishment of laws from insufficient data must be avoided, as it exposes them to be overthrown by new discoveries, and tends to render the whole science mutable and uncertain.

But while the general truth of these positions is sufficiently obvious, their application to particular sciences requires some caution. The extent of an induction from which it may be permitted to deduce a law, varies, among other considerations, with the purpose to which, when established, it is intended to be applied. Where any assumed principle is to form the foundation of subsequent deduction, an error in such principle is augmented incalculably in the results. For instance, the law which regards the progressively increasing velocity of falling bodies, if false, must carry error into all the results into the calculation of which this element enters, or of which it is assumed as a basis. Thus it is, though in a less degree, with the doctrine of definite proportions in chemistry; being made the basis on which other laws are founded, the security of the superstructure is eminently dependent on the integrity of the foundation. It happens, however, in regard to these and other laws which are similarly employed, that they possess a certain mathematical accuracy and beauty which at once strike us as

the effect of design, and strongly recommend them to our attention; since if such a law did not generally exist, the chance of our meeting with particular facts in accordance with it would be exceedingly small. Most of the laws, indeed, which enter as elements into the calculations of the natural philosopher and the chemist, possess this rigorous and exact character.

Another class of laws may be mentioned, neither possessing the exactness of the last, nor equally applicable to the discovery of new truths, which are yet extremely useful for classing together facts which have a certain analogy to each other, to assist the memory in retaining them, and to direct attention to other facts either consistent or at variance with them. Such are the laws which have been noticed with regard to the various and fleeting forms of organized life. The facts in botany, zoology and anatomy, are so numerous, and the varieties of form and other physical properties so great, that the discovery of general laws tending to point out a method in these apparent irregularities, and to bring any degree of order out of so perplexing a mass, cannot be without advantage. In anatomy, properly so called, which though but a branch of one section of this extensive subject, forms so important a science from its intimate relation to our wants and necessities, the genius of the age has opened as it were an entirely new field of research and inquiry. Not content with describing the relation of contiguous parts, or with following out those which by continuity and

similarity of texture may be recognized as forming separate systems, modern anatomy has divided the whole body by a median line, and traced out the analogy of corresponding parts of each to the other; has brought together parts presenting a similar texture, that it might compare their relations to mechanical and chemical agents; has traced all possible analogies between form and use; has compared the texture and properties of the same part at every period, from a foetal state to old age; has again traced the same parts as they appear in the successive orders of animals, each being perfect in itself, up to man; and has compared the results of the two investigations, that in this manner also it might arrive at some general conclusion, and catch at some new design amid the apparently amorphous aspects of animal existence. Even the acknowledged aberrations of nature have been carefully watched, and what the practical observers of former times had termed monstrosity, has been already shown to be governed by certain laws, and to have certain very general if not immutable relations to the normal products of the living principle. In this great work, the glory of modern anatomy, the profound inquiries of Bichat took the lead; and that curious field of inquiry to which we last alluded, has recently been entered by a zealous laborer in the same department of science, the learned Geoffroy St. Hilaire. To those of our readers who are acquainted with the researches of this philosopher, it is unnecessary to mention the beauty of

the results which he has obtained; to others, perhaps, the following abstract of his views may not be unacceptable.

1. The first principle advanced by Geoffroy, in regard to monstrosities, is that these aberrations have a certain limit; there being many deformities which might easily be imagined, but which are not found to exist in nature. For example, we never observe the sacrum placed on the upper extremity of the spine, nor the urinary bladder transferred to the thorax; and although we find monsters destitute of head and upper extremities, while the organs of nutrition remain; yet the converse of this never occurs, so as to present a monster consisting of the head and upper extremities alone. Even in acephalous monsters we find the bones of the cranium in their rudimentary state, preserving the same connections as in their usual organization.

2. Many of these monstrous forms may be explained upon the principle of a retarded development of organs. Hence those parts of the organization which are the last completed, present the greatest number of anomalies. Thus we frequently find the foramen ovale open, because the structure by which it is closed is one of the last completed in the regular organization; and on the same principle the brain is oftener incomplete than the spinal marrow. Other examples of this law may be found in the lobular structure of the kidneys, and the permanent residence of the testes in the abdomen.

3. A remarkable law which has been observed in monsters from re-

tarded development, is, that the inequalities they exhibit often correspond to the regular forms in less perfect animals. The situation of the testicles in the abdomen is the natural arrangement of these parts in the inferior animals. The harelip is equally the regular condition of some period of embryo life in man, and of the adult state of some animals; while those cases in which the rectum opens into the urinary bladder, correspond in a remarkable degree to the organization of these parts in birds, which have the feces, urine and semen, received into a common cavity.

4. Another law, which M. Geoffroy calls the balancing of organs, explains many circumstances connected with the formation of monsters. According to this law, no organ can be excessively developed without a proportional diminution in the volume of some other. Of this there are many examples. In a case where the nasal bones were absent, the ascending processes of the superior maxillaries became so enlarged as to supply their place. When a deficiency of fingers occurs in one hand, the number is often increased in the other. In one instance, where only eleven ribs appeared on one side, thirteen were observed on the opposite. When the organ of smell is absent, the ethmoid is prolonged downward with its associated parts, while the two orbits are united, frequently exhibiting a single eye, which is larger than usual. This monstrosity occurs in many different degrees.*

We are aware that there exists in the minds of many persons a doubt as to the utility of speculations like the above, and a regret that the attention of modern anatomists should have been so much directed to the attainment of these general results, rather than to the accumulation of facts in which it is said all their real value consists. Why, it is asked, all this show of laws, and analogies, and coincidences, which are neither available for the discoveries of new facts, nor accurate expressions of those which have been already determined. Even those who do not, with a learned Scotch physiologist,* condemn general anatomy in toto, are yet extremely sceptical with regard to the labors of the modern French and German school of anatomy, and regard much of their speculation as visionary and useless. We confess ourselves of a different opinion. That some of the results thus obtained are erroneous, and many more of trifling importance, is highly probable; nor is the fact peculiar to this subject, that a little truth must be purchased at the price of much error. But

* "Mr. Cloquet's omission of what is called general anatomy, with all its absurd theories, its tiresome diffuseness, its verbosity and unprofitable minuteness, ought to be deemed by the student a great advantage and recommendation of the work; and should any one doubt this, let him peruse the first volume of the "*Manuel d'Anatomie Generale, descriptive et pathologique*, by J. F. Meckel," where he will find, under the title "*General Anatomy*," all the absurdities, without the good sense, contained in the "*Elementa Physiologiæ of Haller*;" and in addition, more idle, extravagant, unintelligible theories, misnamed anatomical, than ever yet were collected into a single volume."—*Knox's Preface to Cloquet's Anatomy*.

* See Glasgow Med. Journ., No. 11.

even were no permanent result obtained, and did the advantages of these researches, like those of the alchemists, consist wholly in facts independent of the main object of pursuit, their utility as excitements to these investigations cannot be disputed. The human mind is so constituted as never to rest contented with insulated facts, but to be constantly aspiring for more general deductions; and however in forming these the fancy may at times outstrip the judgment, still if the operation of the principle lead to increased ardor in the pursuit of truth, the progress of inquiry will be maintained, and the great interests of science eventually secured.

POISON FOOD.

THE French journals give us an account of a remarkable instance of acquired poisonous principle in a ham, not unlike, probably, that which is sometimes introduced into the stomach by cheese and other articles of accustomed food. A ham pie was purchased of a pastry-cook, and served the family of the purchaser for a dinner. Shortly after their luxurious repast, the master of the house was seized with general uneasiness, followed by cold sweats, shivering, violent pain in the stomach, and frequent vomiting. These symptoms were succeeded by burning thirst, extreme tenderness of the abdomen, profuse purging, and a distressing colic. Other families, who had been the same day customers to the pastry-cook, shared a similar fate. It was supposed by the medical attendants that the pies must

have acquired some carbonate of copper from the moulds in which they were baked. But on a very thorough chemical analysis of the different ingredients in the pies, and of the matters ejected by vomiting, none of this or any other poisonous substance could be detected. The experiments were very numerous, and afforded ample proof that the pies did not contain a trace of arsenic, copper, antimony, or lead. It was therefore concluded that the ham must have acquired, in some way or other, the poisonous properties sometimes remarked in other articles of food, such as the German sausages, cheese, milk, &c. Those properties are known only by their effects on the living system. They have, in every instance which has come to our knowledge, eluded the search of the chemist; nor are there any other means afforded us of perceiving their presence.

HORNS IN THE HUMAN SUBJECT.

THE growth of horns from different parts of the human body, has been, from the earliest times, a subject for curious examination, for record, and for theorising. That true cornuous excrescences do sometimes shoot out from the surface of the body is universally known; but various have been the opinions respecting the true nature and origin of the disease. Some have supposed them to be enlargements of indurated sebaceous glands; others have accounted them as species of warts or corns; some have thought them to have their seat and origin in cellular tissue; and still others have held that such struc-

tures rise out of the bones, and are a morbid secretion of morbid osseous matter. We recollect to have seen but two cases of this disease in which it existed to any considerable degree. One was in an aged female in the Hospice de l'Ecole de Medecine at Paris. The morbid structure was a true horn, as shown by its external appearance, and by a closer examination of a portion which we removed with a penknife. It was situated on the upper part of the forehead; its base was about two inches in diameter, and it rose about the same distance above the cutaneous integument. In this case the horn appeared to be so connected with the parts below it, that it could not be moved, and appeared, if not arising out of, to be closely attached to, the bone or periosteum.—The other case alluded to was also in an aged female, in this city; and here the excrescence came up from the extremity of one of the toes, rose to about one inch in height, and curled over like the horn of a ram.

A committee of the French Academy of Medicine has been lately occupied in investigating this subject, and have succeeded in collecting the records of 71 cases; 31 in males, 37 in women, and 3 in young children. In 9 cases, they were on the head; in 3, on the forehead (one of those undoubtedly that we have described); in 12, on the thigh; in 3, on the temple; in 5, on the nose;

in 2, on the cheek; in 1, on the jaw; in 4, on the chest; in 4, on the back; in 3, on the penis; in 1, on the os ischium; in 2, on the knee and calf; in 1, on the leg; and in 2, on the feet. They also refer to the history of one young woman, in whom "horns grew so fast from every part of the body, more particularly the joints, that at twelve years of age she was covered with them. Some of these productions were twisted like ram's horns, and when any fell off, others grew in their place. A horn two or three inches in length grew from the end of each finger—a somewhat formidable appendage to a lady's hand."

This committee are of opinion that in all these cases the disease existed in the skin or mucous membrane, and account these as the only textures subject to the disease.

LONDON UNIVERSITY.

EVERY week brings forth changes at this institution. Mr. C. Bell has resigned the Professorship of Surgery, and Mr. Pattison has been appointed in his place. Mr. Pattison retains, also, the Anatomical Chair conjointly with Mr. Bennet.

WE would advise the author of the communication "against busts and tight lacing" to seek for laurels in some other field than that of literature or science.

Whole number of deaths in Boston the fortnight ending November 5th, 45. Males, 19,—Females, 25. Stillborn, 1.

Of consumption, 8—croup, 5—unknown, 7—dysentery, 1—dropsy on the brain, 2—infantile, 1—paralysis, 1—fever, 1—teething, 2—hooping cough, 1—convulsions, 2—typhous fever, 2—canker, 1—smallpox, 1—disease of the heart, 1—sudden, 1—apoplexy, 1—lung fever, 1—inflammation of the bowels, 1—ulcer, 1—mortification, 1—suicide, 1.

ADVERTISEMENTS.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation :—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

July 6.

12t.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

NEURALGIC DISEASES.

ATREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sym-

pathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 183 Washington Street.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

HENNEN'S MIL. SURGERY.

THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen. July 13.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
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VOL. III.]

TUESDAY, NOVEMBER 23, 1830.

[No. 41.]

I.

OPERATION OF LITHOTOMY, TO REMOVE PART OF A CATHETER FROM THE BLADDER.

THE following interesting history is related in the London Medical and Physical Journal, and will not be found destitute of practical instruction.

John Mitchell, ætat. thirty, was admitted into the Middlesex Hospital, under the care of Mr. Mayo, on the 20th of April. Three weeks before this, being under treatment for stricture, a surgeon, who attended him, passed a small elastic catheter into the bladder, which broke, leaving five inches behind. Between the period of this accident and his admission, the urethra had been dilated by the passage of instruments, and various attempts had been made, by means of bladder forceps, to extract the broken catheter.

At the period of his admission, this patient suffered only when, in voiding his urine, the bladder became nearly empty: the expulsion of the last drops of urine was attended with pain in the bladder, which lasted several minutes. The urine, however, was perfectly clear, and there was no call to pass it oftener than usual.

Upon examining the bladder with a sound, neither Mr. Mayo nor his colleagues could detect the presence of the broken catheter. Mr. Mayo, however, believing, from

the history and symptoms of the case, that the foreign body must still be there, made several attempts with various instruments to seize it, and draw it through the urethra. These attempts were entirely fruitless, and brought on a slight degree of fever: they were therefore discontinued. With the use of opiates, the warm bath, and alkaline drinks, the patient's condition speedily improved. The feverish symptoms left him, the pain on voiding the urine lessened, and sometimes for a day he was wholly free from it.

After a time, however, the symptoms became aggravated; the pain in the bladder on passing the urine was increased; pain of the same description was felt upon evacuating the bowels; the urine became turbid, and there adhered to the bottom of the vessel a viscid puriform mucus. The patient now passed fragments of calcareous matter, to which small portions of the crust of the catheter adhered. Under these circumstances, Mr. Mayo examined the bladder anew with the sound, determining to make fresh attempts, if anything should be felt in the bladder, to extract it through the urethra. But the lining membrane of the bladder was now acutely sensible, and the presence of the sound could scarcely be borne by the patient. Portions of calcareous matter were, however, distinctly felt in the bladder; and

the patient expressed a strong wish to be cut, rather than to suffer renewed attempts at extraction by the urethra.

Accordingly, on the 12th of July, the lateral operation was performed by Mr. Mayo. The bladder being cut into, the broken catheter was taken out in two portions, each having a thick calcareous concretion upon it. This concretion was of a brittle nature, and some difficulty was experienced in clearing the bladder of the fragments that were detached; the bladder was washed out with warm water, but still some fragments remained. The patient, who appeared to suffer considerable pain from the process, was then returned to bed, and forty drops of laudanum were administered to him. Three hours afterwards, some urine having flowed away, not containing calcareous matter, Mr. Mayo again introduced the tube of a syringe into the bladder, and injected warm water. A slight attack of shivering followed, which recurred early the following morning; but the bowels being freely moved in the course of the day, the patient felt relieved. His subsequent progress has been perfectly favorable, and several fragments of calcareous matter, probably all that remained, have flowed away in the urine.

Mr. Mayo employed a double-edged scalpel and Blizard's knife, and remarked, in reference to the operation of lithotomy, and to the instruments used in it: 1st, that the outward wound should be very oblique, by which means its direction is brought to the nearest correspondence with that of the incision in the bladder, and the rectum is placed in the least danger of being wounded; 2d, that the groove

in the staff should be opened towards the left side, by making the left edge of the groove considerably shallower than the right; 3d, that the curve of the staff should be sudden, and that the part beyond the curve should be of sufficient length, and nearly straight, not bent upwards at the point; 4th, that the groove in the staff should terminate abruptly, and a full third of an inch from the end of the staff; 5th, that the scalpel employed to cut into the urethra and bladder should have a double edge, in order that it may be the easier run into the groove of the staff; and that the upper surface of the scalpel itself is all the better for having an oblique, shallow groove, corresponding with the left edge of the groove of the staff; 6th, that the Blizard's knife, which Mr. Mayo recommends, if the operator does not employ the scalpel to complete the incision, should have a short cutting edge, and should end in a large square beak, calculated to strike full against, and to be securely checked by, the deep, square and abrupt termination of the groove of the staff, the beak being set upon the blade just so obliquely as to give the edge the requisite direction downward and outwards,—for moving in which direction, the Blizard's knife, it may be observed, is already disengaged from the staff, by the joint effect of the obliquity of the beak and of the shallowness of the left edge of the groove of the staff. A skilful hand will no doubt execute this operation well with any instrument; but it must be desirable to adapt instruments as exactly as possible to the objects upon which they are to be employed.

II.

INCONTINENCE OF URINE CURED BY
AN OPERATION.

THE following very remarkable history was communicated to the London Medical and Physical by Mr. Brodie, and the operation performed by an Irish surgeon—Samuel Hobart, Esq., of Cork.

Mary Conner, a respectable young woman, æt. twenty, laboring under incontinence of urine, consulted me some time since, in the expectation of receiving some relief from symptoms which rendered her existence miserable. She gave me the following statement of her case:—That she had fallen down stairs about three years before, and had injured her back in the fall; from which period, up to the time of her placing herself under my care, she gradually lost all command over the contents of the bladder: she had previously taken the advice of many professional men in Cork and elsewhere, without receiving any benefit, and, at the time above alluded to, suffered extremely from excoriation of the labia, and inside of the lower extremities, from the constant flow of urine. The opinion entertained of her case was, that the symptoms were caused by paralysis of the neck of the bladder, produced by the fall, and that little or nothing could be done for her relief.

On examination, I found the urethra so much enlarged (so that, unless the power of retaining the urine depended entirely on the sphincter vesicæ, no check could be given whatsoever to its constant flow) as to admit with facility a full-sized rectum bougie. The sides of the canal lay quite loose and flabby, appearing to have en-

tirely lost the power of contractility. It appeared to me that a certain degree of harmony should exist between the bladder and urethra, to produce the natural control over the contents of the former viscus: with this view I proposed diminishing the diameter of the canal, by removing a portion of its substance; but my professional brethren in attendance would not consent to my suggestion, as they were of opinion that it would not be productive of success: it was therefore abandoned until other means should be tried. Every plan that could be devised, and every medicine that could be thought of, were employed, but without producing the slightest improvement. I, then, a second time proposed my former plan of treatment, which was agreed upon, and the operation was performed in the following manner, in the presence of my friends Drs. PIRCAIRN and BULL.

Having placed her on her knees on a table, with her head downwards, and dilated the vagina with Weis' speculum, I introduced the index finger of my left hand into the urethra as far as the neck of the bladder, and having passed a sharp-pointed bistoury to the end of my finger, then raising its point, and cutting through the side of the urethra, so as to form one cavity of that canal and the vagina; I removed a portion of the urethra, the entire length of the canal, and of a triangular shape, with a knife-edged scissors. The lips of the wound were then brought together by means of pins, and secured by the interrupted suture.

The pins were all removed at the end of eight days, leaving the parts perfectly united, and the woman completely restored, having

entirely recovered the perfect control over the discharge of urine. The urethra at this time has to all appearance recovered its natural tone and size.

That this case throws an important light upon the functions of the urethra, is but too evident. A very intelligent teacher of anatomy, to whom the detail was submitted, looked upon it as a forlorn hope, and that a "dripping" urethra would be her portion for the remainder of her life. I confess, however, I was not oversanguine myself in the result; but I felt so much interest in a case that I had anxiously watched for three years, that I determined to make the experiment, and the consequence has been not only the restoration of a young woman to the enjoyments of all the comforts of life, but also the having enabled her to become a wife, and possibly in due time a mother.

III.

ON THE SURGICAL TREATMENT OF MR. HUSKISSON'S WOUND.

THE following extracts from British journals will be found interesting.

To the Editor of the Liverpool Albion.

SIR,—From a casual conversation with a medical gentleman on the subject of the accident which led to Mr. Huskisson's death, I am induced, for the sake of humanity, to bring to notice a question which cannot be too publicly discussed, in order that it may be settled candidly and correctly. All accounts which I have heard or read about the disaster, concur in stating that there was a dreadful laceration of the muscles of the

thigh, and below the knee also, and that the sufferer was in excruciating agony, with convulsive twitches extending up the body, arising from the laceration. Mr. Huskisson, it appears, lived nine or ten hours after the accident; during which period he was much debilitated through previous illness, and loss of blood from the wounds, but that this loss was comparatively small, through the prompt assistance afforded, and that he was capable of asking many irrelevant questions, and altered his will. Now, why was not amputation performed as speedily as possible after the accident? I am informed, that it is held proper by some in the surgical profession to wait for a reaction in the system, after so violent a shock, and that death would, otherwise, immediately follow the amputation. On the other hand, I am also informed, that Sir A. Cooper's advice is, that where there is a great laceration, the knife produces the best reaction; and I am also told, that a very small quantity of blood is lost in a skilful amputation. Was there *the least probability* of the sufferer's rallying for a moment while the cause of this convulsive twitching was not removed, while nature was most painfully struggling with a limb, which, though shockingly lacerated, was in a living state, and acting in the strongest possible manner on the whole nervous system? If not, why was not amputation unhesitatingly performed? One of these three events would have followed such a course. Had the patient died under the operation, the best means would, perhaps, have been tried for his recovery. Had the patient survived it a few hours,

those hours would have been comparatively easy to him, because the laceration would have been removed. Had the patient recovered, the case would have been still more successful. I should like to know what Mr. Taylor, the experienced surgeon of Oldfield-lane, Manchester, would have done, had he been called in, and the case left entirely to his skill and discretion. In the last edition of a pamphlet which I published in the *Pamphleteer*, I took occasion incidentally to mention the advantages which would accrue to society, if a very few only of the medical men, in each large town, were licensed to practise in difficult surgical cases, and the rest were to give their attention to lesser cases and medicines. I do not mean to attribute any neglect to the surgeons who attended Mr. Huskisson after his misfortune, but I wish an important question, on which the profession appear divided, to be publicly decided by the best authority, for the good of the human race.

I am, Sir, yours, &c.

HUMANITAS.

Warrington, Sept. 22, 1830.

From the Edinburgh North Briton.

We have heard a variety of medical opinions expressed with regard to the probability of saving Mr. Huskisson's life, by having recourse to amputation, and all of them, without exception, agree that it was the better mode of treatment, and the only one which held out any chance of restoration. It has been stated, as a reason for desisting from the attempt, the inability of the unfortunate sufferer to support the loss of blood that must have necessarily

followed this operation, and, especially, the presence of incessant spasms. We rather think that both of these would have been checked by the operation in question. Not above two or three ounces of blood are lost in amputation of the thigh: the limb is removed in *thirty seconds*, and only two or three bloodvessels require to be secured. He would have lost ten times less blood by amputation than without it. But we are told his constitution was feeble: "he had taken no other sustenance than tea, toast, and gruel, for the last six weeks." So much the better; for his constitution was prepared by the regimen for such an operation. Nor do we conceive that amputation would have been too severe a shock for his debilitated frame. Quite the reverse. Had the operation been performed on the railroad, all and every source of irritation from so severe an injury of the soft and hard part would have been removed, the laceration and bruised wounds changed to a clean incised one, and he saved the torturing sensations of broken bones, torn muscles, bloodvessels, nerves. We could cite hundreds of parallel cases from the surgical works of Larrey, the great surgeon who accompanied Bonaparte in all his eventful and sanguinary campaigns; from our own countrymen, Mr. Copland Hutchinson, Dr. Dewar, of Stirling, Dr. Quarrier, and others, who were at the battle of Algiers. The wounded were amputated, in that bloody cannonading, the instant they arrived in the cockpit. "The knife *immediately* following the injury," says Dr. Quarrier, "was the most effectual mode of securing the patient

from nervous or sensorial irritation."

"In one case," says Dr. Dewar, "I considered the constitutional commotion an additional motive for amputating his arm at the shoulder-joint without delay, and the commotion speedily diminished. The operation was performed a few minutes after the receipt of the wound. Some time after, in conversing with the patient, he expressed himself in very strong terms of the relief he had experienced from inexpressible suffering by the operation."

"The depression of mind," says Mr. Hutchinson, "so unfavorable to the success of an operation, does not come on till the spirits are exhausted by pain and loss of blood. The most severe wound is hardly felt at first, and the smart terminating in agony, does not come on for some time,—a time which may, and should, also, be anticipated by operation. If the surgeon possess sufficient nerve, and proper confidence in his own talents, the operation ought not to be deferred one moment."

"Si l'on ne fait promptement l'operation," says Larrey, "la douleur se manifeste, la fièvre s'allume, les fonctions sont dérangées: successivement l'irritation augmente, et il se déclare des mouvemens convulsifs; le plus léger retard compromet la vie du blessé. C'est seulement dans les cas où, au moment de la blessure il se manifesterait du délire, des convulsions et de l'inflammation, qu'il faudrait différer l'operation."

But enough has been said to found a high probability that, had a navy surgeon been on the field, (not his element to be sure,) the

life of our able Statesman might have been saved.

The following letter, addressed to the Duke of Wellington by Mr. Whatton, one of the surgeons who attended Mr. Huskisson in his last moments, was read to a meeting at Liverpool, relative to the funeral of the departed Statesman, by the Rev. J. Brooks:—

Manchester, Sept. 16, 1830.

My Lord Duke,—By an express last night, from Manchester, you would doubtless be made fully acquainted with the melancholy death of Mr. Huskisson; but it has occurred to me that you might be desirous of more direct information respecting the particulars of his decease, and, as one of the surgeons in attendance on the Right Hon. Gentleman, I therefore have the honor of addressing your Grace.

Of the way in which Mr. H. received the injury your Grace is aware. He sustained a compound fracture of both the leg and thigh, attended with most extensive laceration of the soft parts and comminution of the bones, so much so as to lay entirely bare the great bloodvessels and nerves of the limb. From the consequence of loss of blood, and from the shock sustained by the constitution, there was, of course, the greatest depression of the powers of life, followed by cold faintings, and the most violent spasms of the body. It was not possible, under so severe a shock upon the nervous system, to recruit his strength, or to rally the circulation, and, after a protracted suffering of eight or nine hours from the excruciating agony produced by the twitching of the divided tendons and muscles, he

expired at nine o'clock in the evening. The Right Hon. Gentleman retained sufficient power of body and fortitude to dictate certain testamentary documents, and took leave of his afflicted lady and friends with great self-possession and presence of mind.

I do not learn that this melancholy occurrence took place from any neglect or carelessness of the engineers, or of any person entrusted with the management of the carriages, but rather from the want of proper caution and knowledge of the machinery on the part of the Right Hon. Gentleman himself.

I have addressed a copy of this note to the Right Hon. Sir Robert Peel, one of his Majesty's principal Secretaries of State, for his information.

I have the honor to be, my Lord Duke, your Grace's most obedient servant,

W. B. WHATTON.

IV.

RECOVERY FROM RUPTURED UTERUS.

From the London Medical Gazette.

Mrs. Cuthbert, aged 32, was taken in labor whilst on a journey through this town, on the evening of the 6th August last. The full period of gestation was completed, but notwithstanding her advanced state of pregnancy, she had travelled upwards of 200 miles on foot within a very short period. On her arrival here, she called in the aid of a female practitioner, who remained with her during the night of the 6th, and who described the presentation to have been natural, and the labor forward and rapid in progress. This person stated, that during a

pain, from which she expected the immediate expulsion of the head of the child, the patient at the time on her feet by the side of the bed, a gush took place, the head of the child receded, and the labor pains ceased entirely. This took place about five o'clock in the morning of the 7th. About 7 o'clock, I was called, and found the poor woman in great distress. The floor of the small apartment had been flooded over. Drops of cold sweat stood on the patient's face, which was ghastly and anxious. She complained of constant "tearing pain." Her breathing was labored and oppressed. Her pulse 130, small and feeble. She was vomiting dark-colored fluid. The short history which I obtained of the case at once convinced me of its nature. On laying my hand on the abdomen, the form of the child could be distinctly felt through the parietes. On examination, I found the *os uteri* rigid, and so closely contracted as hardly to admit the point of my finger. Passing my hand forward to the right side of the cervix, I readily ascertained the commencement of the rupture, which extended towards the fundus. The child was high up in the abdomen. Under these circumstances I thought it advisable to summon further aid, and Mr. Dalton, an able and experienced surgeon of this town, soon joined me. That gentleman at once agreed with me as to the nature of the mischief. On introducing his hand, he found the laceration to be as I have described it; and whilst tracing its extent, he fortunately came in contact with one of the child's feet. He soon got hold of the other, and brought both down. The extraction was proceeded

with gradually and firmly ; but the great difficulty was found to consist in bringing the head through the outlet of the pelvis. The pelvis was of contracted dimensions ; and I learned that her former labors, two or three in number, had been attended with great difficulty. We found the obstruction to proceed from the superior maxillary bone of the left side being fixed on the symphysis pubis. The head of the child thus lay obliquely in the pelvis ; the right ear nearly opposite the sacrum, and the chin and mouth being the nearest presenting parts. We tried, by fixing the fingers on the lower jaw, to place the head in a better position, or to extract it, without success. Perforation through the basis of the cranium could, in this case, we considered, little facilitate its passage. We found the long forceps of little use, it being difficult to fix them properly. The vectis was applied on the right side, over the external orbital process, reaching to the coronal suture. The long-continued and repeated efforts which were persevered in before the cranium could be moved, were extraordinary. After two hours' hard application, the head was forced down. The child had been dead for many hours. The vectis had borne in that side of the frontal bone upon which it was fixed. The placenta was soon afterwards found detached and extra uterine, and was easily extracted. It required some care to prevent protrusion of the intestines along with the placenta. There was no farther flooding. The patient still complained of great pain and tenderness. She was much exhausted ; and neither her general appearance nor pulse

augured favorably of the termination of her great sufferings. The difficulty of breathing was of course much relieved. Opium was given at intervals throughout the next four-and-twenty hours, and some subsidence of the vomiting and violent pain were procured. On the following morning, more to my surprise than otherwise, I found the severity of the symptoms, generally, ameliorated. The vomiting had almost ceased ; the tenderness of the abdomen had not increased ; still I thought it a safe precaution to apply twenty leeches, and keep up fomentations. Saline mixture with laudanum was administered every four or six hours. On the 9th the countenance began to lose much of its anxiety, and the tenderness and pain to decrease. The bowels were readily relieved by a small dose of castor oil, and the urine was voided with ease. The pulse was also much improved, being considerably less frequent and softer. Though we naturally calculated on some injury to the soft parts, from the strong application of the vectis, I was agreeably surprised to find that no sloughing or other inconvenience had taken place. On the 18th day she was able to sit up, and by the 30th was able to resume her journey.

V.

THE YELLOW FEVER.

At a meeting of the College of Physicians, a paper was lately read, entitled "Observations on the Blood," by Dr. Stevens. The object of the author was to prove that the proximate cause of yellow fever was to be found in the changes which the blood under-

goes, and that the true remedy for this and other fevers consists in opposing by proper means those changes. For the advantage of the reader, it is perhaps necessary to remind him, that, until a very recent period, the organic lesions capable of producing death in fevers were supposed to be exclusively confined to the solids of the body, or, in other words, that the fluids; in which of course the blood is included, had no share whatever in the production of a fatal termination. This theory had many opponents, but it nevertheless generally prevailed, until the ingenious Dr. Clanny, of Sunderland, submitted it to the test of direct experiment. This physician had an apparatus constructed at great expense, for the purpose of investigating this important subject. The result of his experiments was some time since made known in his lecture on typhous fever. Dr. Clanny proved that the changes which the blood undergoes in fevers are incontestable, and that the violence of symptoms, and the certainty of death, are strictly relative to the rapidity and extent of those changes. A confirmation of Dr. Clanny's discovery is now brought forward from a distant part of the world by Dr. Stevens, a gentleman who practises in one of the West India islands. These gentlemen differ in their theories of the changes which the blood undergoes, but they agree as to the fact that such changes take place. The practice which they have adopted to prevent their recurrence is the same, and is attended with the same extraordinary success. Dr. Clanny is enabled, in all cases of typhous fever, where care is taken to pro-

tect the system from the pernicious effects of early excitement, to lead the symptoms, as it were at will, to a speedy and favorable termination. Similar means produce the same result in the African typhous and yellow fever. "On opening the heart," says Dr. Stevens, "we find, instead of blood, a dissolved fluid, nearly as thin as water, and almost as black as ink. In both the cavities of the heart the fluid is equally black, and in the whole vascular system all distinction between arterial and venous blood is entirely lost. In this state it is quite evident that the blood is incapable of stimulating the heart or supporting life." In the progress of the fever, the changes of the blood succeed each other in the following order:—1st. The blood loses its solid parts, and becomes thin. 2d. It loses its saline principle, and becomes black and rapid. 3d. Its preservative elements are now dissipated, and it goes fast to decay, the more rapidly, says Dr. Clanny, as no new blood can now be formed. 4th. It loses its vitality, and is incapable of supporting life.

Whatever may be said as respects mere theory, the observations of Drs. Clanny and Stevens must be highly gratifying to the profession. Their discoveries will change all the received opinions on the nature and treatment of fevers. Their success in the treatment of these destructive diseases is altogether unprecedented in the history of the healing art. The curative method applied by them respectively to the typhous or to the yellow fever, is equally successful. There are no deaths when the treatment is resorted to in the early stages

of these fevers. It consists in allaying the excitement, if any exist, during the first twenty-four hours, by venesection, mild purgatives, and sponging the body with cold water; the saline medicines, which are considered the best agents for preventing the decomposition of the blood, are then exhibited in small and repeated doses. Those usually preferred are the Rochelle salts, and the carbonate of soda, potass, and ammonia, &c. This practice was tried in the hospital at Trinidad in 1828, a season peculiarly sickly in that island. It was applied in three hundred and forty cases, including the remitting and yellow fevers, admitted into hospital, after the symptoms had existed variously from six to seventy-two hours, with such success, that not a single case proved fatal. Dr. Stevens says it can be clearly proved, in the West India fevers, that those patients that are left to nature have a better chance of recovery than those who are treated with emetics, calomel or antimony, opium or acids; and that these remedies decidedly increase the very evils they are meant to relieve, and add greatly to the mortality of fever in hot climates. Dr. Clanny maintains the same opinion as to their effects in the typhus of cold climates. Dr. Stevens states, that those who attend only to the solids and the mere excitement, can never cure a single case of yellow fever that is really severe. From the results of this plan of treatment, not only in their hands, but in those of Dr. Stedman, of St. Thomas's, and Mr. Greatrex, of Trinidad, it must be, as it deserves, generally adopted. Whilst these fevers were considered as

diseases of the solids only, and treated as such, no efficient control could really be exercised over them. This is a proposition the most determined localist cannot controvert. Wherever this treatment has been tried, its authors assure us that these hitherto terrible scourges have been disarmed of their terrors.

That Drs. Clanny and Stevens have merited well of science and humanity, there is no room to doubt. Since the publication of Dr. Clanny's lecture, this improvement in the treatment of fever has been much talked of, and one of the most popular lecturers, Dr. Elliotson, speaks of it in the highest terms of praise. We take this opportunity of paying a just tribute to the merit of Dr. Clanny's researches, and the rather as his fame for this valuable improvement in medicine is henceforward bound up in that of his partner in the inquiry, Dr. Stevens.

VI.

MR. LAWRENCE'S CONCLUDING ADDRESS.

WILL you allow me, gentlemen, before taking my leave of you, to say to those who may have concluded that portion of time which they mean to devote to their studies in London, that I trust they will not consider their education completed, and that their further attention is not required to those points of professional knowledge which are necessary to qualify them for entering into practice. It is impossible, I conceive, for any person fully to convey to others, by oral description, the knowledge he may happen to possess on a par-

ticular subject. You cannot convey knowledge from the mind of one person into that of another, as you can pour fluid out of one vessel into another. The acquisition of knowledge, so far as it can be of real service in a profession like that of medicine, requires great activity of mind. In listening to lectures and other discourses, the mind is passive; you can hear easily enough what is delivered, but in order to qualify you for the duties of the profession you must actively exert your own faculties, and in some respects, therefore, your education only begins at the time when most persons think it is finished. I conceive, indeed, that the only valuable information a man obtains, is that which he himself procures. It is the direction of his own energies to the subject in question, which alone can lead him to gain the kind of knowledge that will be of real use to him afterwards, for practical purposes in his profession. In this respect we may really say that the education of a member of the medical profession is never at an end—its duration is concomitant with the existence of his life. As long as he continues to exercise his calling—as long as he has opportunities of observing the phenomena of disease, and of observing the effects which a certain course of treatment produces on it—so long he increases his stores of knowledge, and renders himself more and more capable of conferring those services on the public which are expected at his hand. This, in my opinion, constitutes a very great advantage in our profession. There are subjects which interest, always before us; in fact, the whole of

our active duties lead us to that improvement which, while it calls into exertion the faculties of our minds, at the same time increases our power of doing good to others, that is, of discharging those duties which particularly belong to our own profession. I do not know any kind of profession, or any occupation, which in this way is a more valuable exercise of the mind, than the medical, or which, in respect to its effects on the individual himself, is more salutary; while, on the contrary, I cannot conceive any situation that can be a more unenviable one, than for a person who has begun the exercise of his profession, or who is going on with it, without a consciousness that he has done everything in his power—and continues to do everything in his power—to increase his practical knowledge, and thereby to gain every means of rendering assistance to those who place themselves under his care.

It really does appear to me, gentlemen, that if, in the care of any important case, a person should feel that he does not understand it, and that the patient, perhaps, is inefficiently treated in consequence of his ignorance,—I say I conceive it is impossible for such a person to enjoy peace of mind, or find that repose, when he lays his head on his pillow, which is necessary, after the active duties of a profession like ours.

[Mr. Lawrence then retired from the theatre amidst the most enthusiastic cheers.]

The above address, as reported for one of the English journals, was delivered by Mr. Lawrence to his class in London, after a long and most able course of lectures on

Surgery, some extracts from which we have occasionally given our readers.—The concluding sentence contains a sentiment of great weight and solemn warning,—a sentiment which should ever be a present stimulus to the mind of every one who practises, as well as of him who is preparing to practise, the noble art of healing. Setting aside every other

consideration, this sentiment alone teaches the student, most impressively, to be diligent in the acquisition of knowledge,—not to assume the responsibilities of practice too soon, and, when he has assumed them, never to act hastily or from the blind impulse of theory, prejudice, or a love of display, but always with deliberation, judgment and discretion.

BOSTON, TUESDAY, NOVEMBER 23, 1830.

DIET IN PHTHISIS.

WE have already mentioned as among the novelties of the present day, the attempt lately made by a foreign practitioner of some eminence to bring into discredit the rigid system of diet, and particularly the exclusive use of vegetable food, in patients suffering under chronic disease. The author, M. Piorry, appears to have examined the subject with great attention, and his reasoning proves him to possess very considerable learning and sagacity. The general principle which he assumes is, that the tendency of low diet in common with bloodletting is to produce absorption; a result which, though it might sometimes be useful, if limited to the diseased parts—as in the case of tumors, for instance—can never be otherwise than injurious to the system generally. In the case of diseases accompanied with ulcerative inflammation; the effect of increased absorption must be to throw the purulent matter back into the circulating system; on which its influence is more to be feared when not modified by the products of digestion.

So long as vigorous digestion is kept up, the chyle passes into the blood, and counteracts the putrescent principle conveyed to this fluid by the absorption of pus; whereas if the blood is furnished with its supplies at the expense of the tissues already in existence, this counter-action can have no place, and the integrity of the circulation will be constantly impaired.

Among the various applications of which these principles are susceptible, not the least interesting, in connection with the opinions generally entertained, is that which concerns the treatment of phthisis pulmonalis. The usual indication regarded in this disease, is that of abstracting all stimulus, and every circumstance capable of exciting the circulating function. In accordance with this view, and with that of preventing constipation, vegetable food is substituted for animal, and stimulants of every kind expressly interdicted. Some practitioners have even advised, that direct means should be employed to check the assimilating process; and with this view, acids, mineral and

vegetable, and even vinegar, in large quantities, have been prescribed. To all these views, and to the means by which they are to be accomplished, M. Piorry is entirely opposed. If tubercles have suppurated, he observes, they cannot be cured by abstinence; if still hard, they will not be absorbed in consequence of rigid diet. The sputa will not be improved by depriving the patient of nourishment; the fatal effects of the reabsorption of fluid secreted on the mucous surface of the lungs, will not be lessened by the void which follows the privation of food; nor will the partial pneumonias, which are produced around the tubercles, be arrested, because the appetite of the patient is not gratified. "In this manner, abstinence carrying off the blood, favoring dangerous absorptions, not modifying the putrid matter absorbed by a healthy chyle, which might in some measure lessen its effects, undermining the strength, irritating the stomach and remedying nothing, can be only viewed as one evil more added to a terrible malady."

These considerations have certainly some force, and though too much weight may be given them by M. Piorry, they are entitled to the serious attention of every practitioner who has allowed himself to be entirely governed by the prevalent dogmas in respect to this disease. As respects the voice of experience on this point, there is unfortunately little to urge in favor of either plan. That patients are day after day mowed down by phthisis, in despite of the usual routine of small bleeding, abstinence, cathartics, and all the et

cetera of ordinary practice, is certain; that these measures accelerate the event, is not so well ascertained. It is often observed, however, in other chronic cases, that patients are recovered by means of some new remedy, unimportant in itself, but with which is conjoined a better system of diet. In the secondary stage of acute cases, the fact is no less remarkable. In fevers and inflammations, as we learn from experience, there is a certain point, at which depletion ceases to be useful; and when we must substitute bark and wine for bleeding and cathartics, or we lose the patient. Yet, though this principle is acknowledged on all hands, the application of it is found to be a point of some difficulty; and the unwary practitioner is apt to be led on insensibly from day to day, using remedies which, though at first highly proper, are no longer useful or safe. If at this period a second medical adviser be called in, whose mind is uninfluenced by a previous course of treatment, he will probably at once adopt a correct view of the case, and snatch the credit of a cure from his less fortunate brother. We have ourselves known consultations to terminate in this manner, and suspect the coincidence not to be a rare one. There can be no doubt that the secret of many of the marvellous cures of syphilis, and other diseases at a late stage, may be found in the application of the same principle. It is not then unreasonable to suppose, that a similar error may sometimes be committed in this disease; and that where a rigid system of diet has been persevered in without bene-

fit, a more generous treatment may be attended with advantage. Independently, however, of these general views, there are some striking facts which afford a direct support to the theory in question.

It is often urged by the advocates of vegetable diet in disease, that whatever be its value as a source of positive benefit, it is certainly attended with less hazard, since, if not digested, it readily passes off from the canal. Now it appears from the examination of those who have died from phthisis, that one of the most frequent precursors of a fatal termination is tuberculous ulceration of the intestine. This ulceration, it is to be remarked, has its usual seat at a part widely distant from the stomach. On the other hand, experiments on animals, and some instances of unnatural formation in man, sufficiently prove, that vegetable substances, imperfectly digested in the stomach through which they pass rapidly, remain a long time in the intestines, which are irritated by their presence. "Yet," says our author, "we give milk to remove tubercles of the intestine, and vegetables in order to prevent enteritis. We refuse animal food to phthisical patients, although all the symptoms announce that the stomach is healthy. We prescribe a vegetable diet to the consumptive patient, and rigidly deny him soups and meat, although observation has shown that herbivorous animals are the most liable to tuberculous disease, and that among those which feed on flesh the same phenomenon is scarce known to occur."

It is but just, however, to remark, that arguments derived from a state

of health, ought to be applied with some caution to one of disease; and that, although it might appear to be a law that animals living exclusively on animal food were exempt from tubercles, it would not follow that this diet was better suited to the treatment of pulmonary disease in the human system. The true inference to be drawn from the fact last mentioned would be, that in the state of the solids and fluids, induced by the use of animal food when digested, there is nothing unfavorable to the sound condition of the pulmonary tissue; that, on the contrary, this aliment, when duly assimilated, offers the best means of guarding against pulmonary disease, and even of arresting its progress when commenced. This conclusion in itself is one of great interest and importance; but it does not go the whole length of determining the use of animal diet in a given case—since, in settling this point, the circumstances of the particular case must always be kept in view. It is evidently a point of primary importance in chronic disease, that the food taken into the stomach should be digested; since, if this does not readily happen, an irritation is occasioned by its presence, which will certainly be transferred to the affected tissue. Now it is matter of common observation, that there are states of the system in which light farinaceous food is easily borne and readily digested, but animal substances cause great oppression, and are either rejected, or assimilated with much difficulty. On this ground it is, that articles of the first kind are given to persons when the appetite has begun to return after fever; nor

would it be viewed as a sufficient objection to this proceeding, that the long-continued use of vegetables produces disease in the lower viscera,—because the immediate advantage far more than balances the apprehended evil. The conclusion, then, admitting the above premises to be correct, seems to be, that animal food should be encouraged and enjoined in pulmonary cases, where the system is in a state to effect its perfect and ready assimilation. The probability of this will be influenced by the nature and amount of the medical agents employed at a particular period, and also by the degree in which bodily exercise in the open air can be indulged in; since, in the direct ratio of the latter and the inverse of the former, will probably be the degree of digestive power enjoyed by the patient. The fact, however, can only be determined by actual observation; and where this proves that the individual in question retains his omnivorous powers and propensities, it will certainly afford a strong argument for permitting their exercise.

SULPHURIC ACID.

THIS substance has of late come into use for purposes of assassination and of suicide. One case of rare barbarity was mentioned in this Journal; another has recently occurred at a Paris hospital. A young woman finding herself in a condition which must shortly disclose the impurity of her life, procured and swallowed a quantity of this acid. Large doses of magnesia and white of egg were

immediately given, but of course without avail. The action of this powerful agent on the coat of the stomach is so instantaneous, that however early medical aid may be obtained, the efforts of our art must almost of necessity be unavailing.

On examination after death, the whole mucous lining of the mouth, throat, œsophagus and stomach, was white and raised in occasional vesicles. The pylorus and parts below were uninjured.

Sulphuric acid has been used in England for the malicious purpose of disfiguring the countenance, and blinding the eyes of a devoted victim. Within one year five cases of this description have been recorded, notwithstanding the passage of a law declaring it a capital offence.

UNVACCINATED PERSONS IN BOSTON. IT is well known that during the late existence of the smallpox in this city, measures were taken to ascertain the number of persons in the city who are unprotected from this disease. It was ascertained, after diligent search, that, in 10 wards and S. Boston (wards 4 and 6 not being yet reported), 4085 are in this exposed condition! Most of these are adults; and it is equally remarkable and melancholy that so many persons should be found, in an enlightened community, who are willing to lay themselves open to this terrible ravager of beauty and of life. Would it not be good policy in our government to procure, at the expense of the city, a general vaccination of the poor and thoughtless every few years?

OUR acknowledgments are due to Dr. Ware and Dr. Manning for their valuable communications, which will be published next week.

Whole number of deaths in Boston the week ending November 12th, 17. Males, 3,—Females, 10. Stillborn, 4.

Of dropsy, 1—infantile, 1—intemperance, 1—unknown, 4—consumption, 2—dropsy on the brain, 1—canker, 1—drowning, 1—hooping cough, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES AT BOWDOIN COLLEGE will commence on *Monday, the twenty-first day of February, 1831.*

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.

Obstetrics, by JAMES MCKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

THE ANATOMICAL CABINET is extensive, and constantly increasing.

THE LIBRARY, already one of the most valuable Medical Libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is \$50. Graduating fees, including diploma, \$10. There is no Matriculating nor Library fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons' Hall at a very reasonable price.

P. CLEVELAND, Secretary.

Brunswick, Oct. 16, 1830. 4wep

ANATOMICAL LECTURES.

DRS. J. V. C. SMITH and J. B. FLINT, will commence their Fourth Course of Evening Lectures on Practical Anatomy and Physiology, at the Columbian Hall, Tremont St., on Wednesday evening, Nov. 27th—at 8 o'clock. Tickets for sale at the Bookstore of Cottons & Barnard, Washington Street, corner of Franklin Street.

HENNEN'S MIL. SURGERY.

THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment,

and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen. July 13.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair price*.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

NEURALGIC DISEASES.

A TREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
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VOL. III.]

TUESDAY, NOVEMBER 30, 1830.

[No. 42.]

I.

M. LARREY ON SOME OF THE DISEASES
OF THE TESTIS.*

THIS veteran, whose experience in the tented field has been great, and whose situation as surgeon in chief to the Military Hospital of the Royal Guard must have enhanced his opportunities for observation, has published in his *Clinique Chirurgicale* some interesting remarks on diseases of the testicle. Perhaps it may be instructive to compare the opinions of the worthy Baron with those of Sir Astley Cooper, on some points of pathology and practice.

1. *Wounds of the Testicle*.—M. Larrey remarks that these are not succeeded by such bad effects, as the nature and sensibility of the organ would have led us to suppose. A Swiss was lately in the Military Hospital, who had received a cut from a very sharp knife through the whole left side of the scrotum. The instrument had divided the tunica vaginalis, and corresponding portion of the testicle. The wound was dressed with mild ointment and compresses dipped in a camphorated wash, and the scrotum suspended; little suppuration took place; and on the twenty-fifth or twenty-sixth day the wound was perfectly healed. The testis appeared smaller and

more contracted than its fellow. If the testis is so injured by a projectile as to be denuded of its tunics, or extensively destroyed in its texture, it must of course be removed. If a violent contusion is followed by ecchymosis, leeches, slight compression by dressings dipped in a stimulating lotion, as one of camphor or ammonia, position, diet, and a gentle emetic to prevent the sympathetic affection of the stomach, are the measures employed by M. Larrey with success.

2. *Inflammation of the Testicle*.

—This may be either from over-exertion or sympathetic. The first is rather rare, and is the only one, according to M. Larrey, for which leeches ought to be applied. After these, discutient and sedative lotions with gradual compression effect a cure. The swelling of the organ occasioned by extreme continence and retention of the seminal secretion is characterized by the size of the part, the tensive pain, the rapid dilatation of the spermatic veins, and the great inconvenience experienced in walking. Baths of cold water, even ice, cooling drinks, and the horizontal posture, speedily relieve the symptoms. M. Larrey denies that great continence is so injurious as some authors have supposed.

In the simple inflammation of the testis from gonorrhœa, the membranes are affected as well as the

* *Clinique Chirurgicale*, Tome III.

gland itself; if left to itself it may terminate in abscess, but rarely in sloughing. Sanguineous evacuations or leeches are, in M. Larrey's opinion, more injurious than beneficial, and seem to give rise to abscess in some, to hydrocele in others. We doubt whether many practitioners on this side of the Channel will agree with the Baron on these points. His practice consists in introducing into the urethra a small elastic bougie, spread thickly with a gummy preparation of opium, and in giving sedative demulcent drinks, with pills of camphor or of nitre and hyosciamus. An embrocation of camphorated oil of camomile is rubbed upon the scrotum, and slight compression applied by means of a flannel suspensory. When resolution is commencing, a gentle emetic is prescribed. This mode of proceeding is hardly to be compared with the more energetic one adopted in this country.

When suppuration takes place, which is usually in the epididymis, we should encourage it by fomentations, and open it as early as fluctuation can be felt. The abscess generally heals without difficulty, excepting when the body of the testis is affected; this is usually deeply disorganized and destroyed.

3. *Nervous Affection, or "Irritable Testis."*—M. Larrey has only seen two cases of this kind, one in an officer of the guard, and the other in a young Parisian lawyer. It was characterized by violent pain extending from the cord to the testicle and occurring in variable paroxysms, retraction of the testis during the latter, moroseness and despondency of temper, and loss of sleep. M. Larrey has remarked, as Sir Astley Cooper has

done, that depletion is injurious. If the pain attacks the loins, M. L. uses cupping and moxa, and the latter may be applied in the course of the cord. These means succeeded perfectly in the two cases already adverted to.

4. *Wasting of the Testicle.*—This has been remarked by Sir Astley Cooper as a consequence of inflammation, and by Mr. Brodie, if we remember right, of indulgence in masturbation. Baron Larrey gives a more detailed account of the several causes of this curious affection. Sometimes, when the swelling produced by mechanical injury has subsided, the testicle gradually diminishes in size until it completely wastes. In some cases which our author relates in another part of the work, a wound in the back of the neck, affecting the cerebellum, has been followed by more or less wasting of these organs. The abuse of venery; the employment of preparations of opium, whether applied externally or injected into the urethra for gonorrhœa; and especially immoderate indulgence in alcoholic liquors containing much narcotic matter, are very active causes of the complaint.

At the end of the first campaign in Egypt, a number of the soldiers of the French army complained of the almost total disappearance of their testicles, without any venereal affection to account for it. They remarked that they began by losing the sensibility of the generative organs, which no longer preserved their vigor or their form, but gradually softened. So slow and insensible was the change, that they usually only discovered the malady when the testicles had nearly disappeared. On examination at this period, they were found

near the ring resembling beans, whilst the cord was equally diminished and wasted. When both testicles were affected, the patient was deprived of his sexual powers and desires; he became melancholic; the voice was altered; and the beard ceased to grow. Nearly fifty soldiers were judged incapable of service on these accounts.

M. Larrey attributes the disease to the extreme heat of the Egyptian climate and the laborious marches through the desert, which softened the texture of the testicle, and occasioned at first a kind of enlargement, succeeded by the wasting in question. M. Larrey also assigns a destructive effect to the use of alcoholic and narcotic substances, but cannot explain very clearly their *modus operandi*. Into the composition of the brandy of the country, there enter several plants of the class of *solanum*, such as the pimento and the berries of the cherry laurel. M. Larrey thinks it probable, that the action which such substances exercise on the nerves of the stomach, is transmitted sympathetically to the intestines, and occasions their absorption. The ancients, it is said, procured the same thing by the application, for a length of time, of the concrete juice of hemlock to the scrotum. These conjectures of the Baron's must be taken for what they are worth, but it is not improbable that the immoderate use of such substances, combined with fatigues in a burning and enervating climate, may exercise a mysterious agency on the glands of the testes.

When the wasting is complete, art possesses no power to renovate the organ. In the earlier stages of the malady, we may, perhaps, effect some benefit by withdrawing,

as far as possible, its causes, and by employing some vapor-baths, with dry friction on the surface of the body, irritation in the lumbar and sacral regions, tonics, and generous food. Spirituous liquors should be avoided, or, at all events, procured without adulteration. A suspensory ought always to be worn in warm climates, and frequent ablution of the body with cold vinegar and water, and abstinence from immoderate venery, are necessary as preventive measures. M. Larrey has had several soldiers affected with this complaint under his care in France. It pursued the same course as in Egypt, and the patients confessed that they had been addicted to immoderate indulgence in venery, and strong, adulterated spirituous liquors. In one of these individuals, both testes in a short time almost disappeared. From being originally of a very robust constitution, he lost his beard and manly features, and looks like a woman. A soldier, whilst landing from a vessel in Egypt, received a violent blow upon the back of the neck, after which the testicle wasted to the utmost degree. These facts collected by the Baron are curious and worth perusal.

5. *Hypertrophy of the Testicles.*

—An excessive growth of the female breast, without any appreciable change of structure, is not a very uncommon occurrence, but we were not previously aware of the existence of such an affection of the testicle. M. Larrey has seen it twice in the Hospital of the Guard. The first patient was 26 years of age, and both the testicles had acquired considerable volume, without exhibiting any perceptible morbid alteration, or occasioning inconvenience, except from their

weight. The penis was incapable of erection, but the general health was good. Frictions on the scrotum and in the course of the cord with "double Neapolitan ointment," in small quantities and at long intervals; embrocations of camphorated oil of camomile; uniform compression by a flannel suspensory; slight diaphoretics, combined with bitters, and the horizontal position, reduced the testes in three months to their natural size. In the other case, the testicles were as large as the fist, and, although in excellent health, this patient also had lost the power of erecting the penis. The same treatment as before, continued for six months, was perfectly successful.

II.

CASE OF EXTRA-UTERINE CONCEPTION.

By GEORGE DOUCHEZ, Esq., Member of the Royal College of Surgeons in London, &c. &c.

From the London Medical Gazette.

THE following are the particulars of a case of extra-uterine conception, which lately fell under my observation.

Mrs. G——, æt. 26, a newly-married lady, following the profession of an actress, who had previously had three children by a former husband, and had suffered from several abortions, was married last January, and became pregnant about the month of March. In the middle of May she was seized with uterine hæmorrhage, and in a few days she aborted, and recovered by the assistance of the remedies usually prescribed in such cases. About the latter end of July she was again seized with flooding, attend-

ed with severe pain in the hypogastric region, and which occurred to so alarming an extent as to frighten all her friends. She was doubtful as to whether she was again pregnant; she had menstruated about a month after her last abortion, but had passed over the second period without any "show" of the catamenial discharge. She had all the constitutional symptoms of pregnancy—such as heartburn, sickness of the stomach, &c. The diluted sulphuric acid, with infusion of roses, and the occasional use of sedatives and purgatives, were the remedies employed. She continued in this state for about a fortnight, with excessive menstrual discharge; and, from the large pieces of coagula which had passed, it was doubtful whether she had or had not miscarried. During this last attack Dr. Merriman saw her, in consultation with myself, who was also doubtful as to whether she had aborted. She refused to submit to an examination per vaginam. However, she apparently recovered; so much so, that she had been able to take much exercise; and on August 17th she had been with her husband to Dulwich, returned home in the afternoon, and entertained some friends to dinner, in apparent good health. About ten o'clock the next morning, as she was in the act of dressing herself, she was suddenly seized with a severe pain in the lower part of the abdomen (increased upon pressure), followed by syncope. Mr. Painter, a respectable practitioner in Howland-Street, was immediately sent for, who, on his arrival, found the pulse beating faintly, the skin cold, the lips and countenance excessively bleached; in-

dicating that there was some internal hæmorrhage. He judiciously directed stimulants and applications to restore the natural warmth of the body, but they produced no benefit whatever. At five o'clock these symptoms became more alarming, and the vital powers continued to diminish until the time I saw her, which was about half-past twelve, when the pulse could not be felt at the wrist; and in an hour after my arrival she expired.

Examination post-mortem.—I examined the body about fifty-four hours after death, in presence of Drs. Merriman and Robert Lee, and Mr. Painter.

On opening the abdomen, we found between two and three quarts of blood in its cavity. On removing this, was found a tumor attached to the right fallopian tube, which, upon further examination, was found to be an extra-uterine conception of about ten weeks. There was a small laceration of the sac, from which the fatal hæmorrhage had occurred. The embryo was perfect, with its umbilical cord and placenta. The uterus was somewhat enlarged, but healthy, and upon passing a probe through the fallopian tube there was no obliteration to account for the occurrence. A remarkable fact was observed in this case—that in the uterus no desiduous membrane was formed, as has generally been stated to be the case in similar instances, but the existence of which membrane in these cases has always been doubted by my friend Dr. Lee. The interior of the uterus was merely covered by a thin coat of mucus. The ovaria were natural. The right ovary contained a large corpus

luteum. The liver was enlarged, and unhealthy in its structure. The remaining viscera were healthy.

III.

PERIOD OF PUBERTY IN WOMEN.

MANY years ago I was consulted in the case of two sisters, the one seventeen, and the other eighteen years of age, who, though apparently in health, were supposed to be suffering from retention of the menses, for which they had been taking some popular herb medicines. They were tall, more than commonly muscular, of a blooming healthy hue, and without any sign of enlargement of the mammæ. In other respects their appearance was perfectly feminine. Finding that they had no symptom of disease, I recommended that they should desist from medicine, on the ground that, to all appearance, they had not yet arrived at puberty, although in age they had certainly passed what is considered to be its usual period. Instances of an opposite description afterwards came under my notice. In one, where a girl menstruated at twelve, her mother and grandmother had, I found, become regular at the same age. In another, five sisters in one family menstruated at the age of eleven. These, and other cases in no respect morbid or irregular, but perfectly in the order of nature, led me to doubt whether the period of puberty was nearly so uniform as we are taught in books to consider it. This doubt, which may often have occurred to others, induced me to institute an investigation of the subject at the Board of the Lying-in Hospital of

this town. The result appears in the table which follows. The question as to the age at which they began to menstruate, was put indiscriminately to a certain number of the pregnant married women, on their coming to the hospital to deliver in their letters of recommendation as home-patients. These women are generally in health, as appears by their walking, in an advanced stage of gestation, from considerable distances to the hospital, the remote situation of which, is in the highest degree inconvenient to such patients, they being chiefly inhabitants of our widely extended and scattered suburbs. The circumstance of pregnancy is a guarantee, as regards the whole of the cases examined, of exemption from serious disease of the generative system. Owing to the great number of females who resort thither weekly affording abundant source for inquiry, no hesitation was felt at rejecting every answer which evinced either a doubtful recollection of the fact, or that the information was reluctantly afforded.* I may therefore affirm, that this table furnishes as accurate data as the nature of such an inquiry allows. And let it be remembered, that concerning the catamenial sign of puberty the word of the woman herself is, on any extended scale of investigation, the only testimony to be obtained.

* Perhaps it ought to be mentioned that the question relating to the period of puberty was put to each of the women along with other questions usual on the occasion, as, concerning the age, the occupation, the number of children, &c.; so that it did not appear as if put out of curiosity, or for a private end, but as one of the queries necessary to be answered, in order to her admission as a patient.

The following are the ages at which three hundred and twenty-six women began to have the catamenia.

Table.

In their 11th year	6	In their 16th year	54
" 12th "	12	" 17th "	50
" 13th "	31	" 18th "	19
" 14th "	60	" 19th "	18
" 15th "	72	" 20th "	4

One very obvious corollary I would draw from this table, namely, that the natural period of puberty in women occurs in a much more extended range of ages, and is more equally distributed throughout that range, than authors have alleged. And another, which claims particular attention, is, that did religion and our social institutions permit and encourage, in England, that early and unrestrained intercourse between the sexes, which, with the sanction of both, obtains in eastern and in almost all intertropical countries, it is to be supposed that we should witness instances amongst us of women becoming mothers at as early ages as eleven, twelve, and thirteen years. Other inferences that might be deduced from the table, I leave to the reader's ingenuity, as they would be foreign to the scope of my inquiry.—*Mr. Roberton, in North of England Med. and Surg. Journal.*

IV.

SCIATICA—PARALYSIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If these cases should be thought worthy a place in your Journal, I beg leave to offer them for publication.

From your humble servant,
PETER MANNING.

Case of Sciatica.

Mr. Joseph George, aged about thirty, tanner, of Amherst, N. H., consulted me January 11, 1828, for a lameness and weakness in the right hip, thigh and leg, accompanied with acute pain and coldness, followed with a numb, sleepy and prickly sensation. He stated that for a number of years he had been subject to severe attacks of rheumatism in different parts of his body, and that for a long time his health had been very much impaired, especially during the last six months;—that in the last of August or first of September, 1827, he was exposed during the whole of a cold and rainy day, —rode on a waggon, seated on some lumber, some ten or twenty miles,—bruised his hip, and took cold; same evening, was seized with sharp pain in the hip, shooting down to the foot—since which time, had constantly suffered more or less pain in these parts;—that in the November following, had the same leg broken, which was reduced and attended by a surgeon in the vicinity, till the fracture was cured;—that applications had been ordered to the whole limb and hip, by the surgeon, from time to time, notwithstanding the original disease had constantly increased;—that so excruciating and undiminished had been his sufferings for several days and nights immediately preceding this, that he had not laid in bed, or been able to stand or walk; but had been obliged to lie on the floor, as I then found him, without sleep. I found the muscles flabby; skin rather shriveled and dry, with coldness to the touch; the whole limb much wasted, and smaller than the left; pulse small, feeble, easily com-

pressed, and somewhat accelerated: tongue coated with a yellowish-brown fur; appetite impaired; bowels costive; nausea; breath tainted; sallow complexion, with general debility. An emetico-cathartic was ordered him first, and then he was put on a course of tincture of guaiacum and opium, in moderate doses, three or four times a day, in a little brandy and water,—mild purgatives, in such manner as to maintain a regular state of the bowels,—and a light diet. The following mixture was then ordered to be applied to the limb and hip:—

Take of Soap in shavings,

Camphor,

Opium in powder,

Water of Ammonia,

Oil of Rosemary, each 4 oz.

Galangal in coarse powder,

Winter's Bark in coarse powder, each 3 oz.

Spanish flies in powder, 2 oz.

Alcohol 2 quarts.

Digest the soap, opium, flies, galangal, and winter's bark, in the alcohol, with a moderate heat, two days; then add the camphor and water of ammonia: digest five days, and decant. The application to be commenced at the expiration of two days. This mixture was ordered to be rubbed liberally on to the whole surface of the hip, thigh and leg, warm, before the fire, with a quick motion of the hand, with or without a sponge, fifteen or twenty minutes each time, three times a day; the parts then to be rolled firmly in a flannel bandage, beginning at the foot. This process ordered to be continued till a general and full eruption made its appearance on the limb; then the mixture to be applied sparingly,

in such manner as to maintain the eruption; but the application to be stopped altogether, whenever it produced too much irritation or soreness, and a cotton or linen bandage to be substituted for the flannel, whenever the latter shall become uncomfortable. These directions were accompanied with an express injunction to the patient, to restrict himself entirely to a warm room.

January 19th.—Is better; no pain; laid in bed every night, and rested well, with the exception of two; able to stand and walk comfortably; muscles less flabby; skin more natural, not so cold; a scattering eruption has appeared over the whole limb and hip, in form of small pimples, with a degree of redness on some points; pulse more full and strong, less frequent; tongue becoming clean; appetite improving; bowels open; no nausea; breath less fetid; sallowness of complexion diminished. Course of treatment to be continued, with the addition of a stomachic, in medium doses, three times a day, with a more generous diet. Injunction to limit or stop the application of the mixture, &c., and to restrict himself to a warm room, repeated.

Jan. 29th.—Improving; no pain; laid in bed, and rested quietly, every night; more strength and firmness of the whole limb and hip; natural heat; eruption general, and moderately full, with a more extensive redness. One crop of pimples seemed to have been succeeded by another, in such manner, that there were on the parts a succession of crops, in their several stages of formation, growth and decline; some with abraded points, others entire. The eruption and soreness now

seems sufficient; pulse regular; tongue clean; appetite restored; countenance natural, with an increase of tone in the general system. He says he feels as well as ever, and is anxious to go abroad to his work. Treatment to be continued to the limb, in such manner as to maintain the present condition of the eruption, or to be suspended altogether, as circumstances shall require. Repeated my order to remain in his room till I should see him again. He then stated that he thought it unnecessary for me to call again; that if he needed further advice, he should call on me. I then took my leave of him.

Note.—This patient left the house immediately after I parted with him, and was exposed to the weather, from day to day, for the term of a fortnight,—a part of which time was very cold and wet,—at the expiration of which he suffered a dangerous attack of erysipelas phlegmonodes, from which disease he recovered in about three or four weeks.

The prescribing the mode of treatment, to the limb, detailed in the foregoing report, has been made a pretext for a most inhuman and vexatious prosecution. The writer has been charged with, and sued for, “carelessly, unskillfully and rashly prescribing for the said complaints, and causing a composition of ingredients, of such virulent and poisonous qualities, to be applied to said limb, in such a careless, unskillful and rash manner, that thereby the said George became and was poisoned throughout his whole body.”

The case was brought to trial, at the September term, 1829, of

the Superior Court, held in Amherst, N. H., and resulted in a verdict for the defendant; who was able incontestably to substantiate, by the testimony of many of the most distinguished physicians in New England, that the treatment of the case, above referred to, was judicious and proper,—and that the subsequent erysipelas and sufferings of the patient were to be imputed wholly to his own imprudence.

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Case of Total Paralysis of the Right Arm and Hand.

March 14, 1824.—Miss Sylvia Stanley, of Merrimac, N. H., aged about fifty, requested my advice in the following case:—A total loss of the power of voluntary motion in the right arm, from the shoulder to the extremities of the fingers; the whole limb extremely emaciated; fingers rigidly inflexible; nails much curled, and white; skin dry, closely contracted, and wholly destitute of its natural complexion, accompanied with intense pain, and the various mixed sensations of sleeping, pricking, numbness, and coldness; * cold to the touch; general health impaired; symptoms indicated a morbid condition of the digestive organs. She stated that she fell on the ice, in attempting to cross the Merrimac river, and fractured the radius, a little above the wrist, in December, 1823;—that it was immediately reduced and dressed by a neighboring practitioner;—that the arm soon became swollen and very painful, and so continued

for some time;—at the expiration of about three weeks, a celebrated surgeon took charge of the limb, and thought he should soon be able to restore it. He commenced, and continued a course of treatment to the limb, for about six months, but with no good effect. By this time the limb had assumed the character described above. From this, to the time I first saw the limb, no application had been made by the order of any surgeon. I directed a course calculated to restore healthy action to the digestive organs, and improve the general health, together with the kind of treatment to the limb described in the case of George. Under this plan of treatment, in about five or six weeks, she was able partially to flex the fingers, and could raise the arm to her head. The mixture was then laid aside, and warm brandy substituted, and continued for a considerable length of time,—this followed with dry rubbing with the hand, flannel and the brush. Bandage continued to the end of the cure. In the course of five or six months from the commencement of the treatment, the limb was so far restored, that she was able to exercise it some in sewing, knitting, &c., and it had grown to near the size of the other. General health much improved. In about two years the limb was perfectly restored in every respect, and has so remained to this time—February, 1830.

It is worthy of remark, that no eruption or excoriation of the skin was produced on the arm, or any part of the body; although the mixture was applied to the whole surface of the limb, three or four times a day, twenty or thirty min-

* She remarked that "it seemed as though the limb would freeze, notwithstanding it had been kept constantly rolled in many coverings of flannel."

utes each time, for the term of five or six weeks.

Note.—It is now twelve years since I first made trial of this plan of treatment, during which time I have successfully treated a considerable number of like cases on this plan; neither of which, however, presented symptoms of so hopeless a character as this. No unfavorable effect, in any case, has ever been consequent to this mode of treatment; but it has less often failed to accomplish the ends looked for, than any other with which I have been familiar. P. MANNING.

Merrimac, N. H., April 7, 1830.

V.

WHETHER ANIMAL DECOMPOSITION IS
PRODUCTIVE OF FEVER?

*To the Editor of the Boston Med.
and Surg. Journal.*

SIR,—USHER PARSONS, M.D., has lately published an essay “on the comparative influence of vegetable and animal decomposition as a cause of fever.” This essay does honor to his talents and industry. Yet it has not made me a convert to all his opinions. I do not propose to review this work, but to offer some observations upon a part of it.

Dr. Parsons believes that vegetable matter in a state of decomposition is probably a cause of fever. That some exhalation from marshy and other soils is so, he considers as well established. But he also considers animal matter in a state of decomposition a cause of fever. He seems likewise to think it injurious to have cemeteries under churches or in the midst of cities; and this, prin-

cipally, on the ground that fever may be produced from their exhalations. On these points I have held different opinions, and it is on these I have some observations to offer. I submit them respectfully to his examination.

Dr. P. objects to the evidence adduced on this point by Bancroft, that this evidence is negative; and says that a very little affirmative evidence is sufficient to overthrow it. I do not propose to examine all his remarks on this subject. Various persons have stated cases in which fever has arisen from putrid animal matter. Now this evidence cannot well be met, unless we know all the circumstances in each case. Almost any opinion can be supported by facts loosely and briefly stated by persons who do not look closely into them. The best men often make such statements. Instead of examining all the reports given by Dr. P., I will notice only those derived from the late Dr. Rand, of this city, respecting the yellow fever in 1798. The learning and integrity of this gentleman are not to be doubted;—if they should be, I would rise in his defence. Yet I may be permitted to compare his statements, in 1798, with the facts since known—I might say, with the facts known before his death, and which I am persuaded wrought a change in his own opinions.

In 1798, the yellow fever appeared here; and was found, especially, about Forthill. Dr. Rand then looked for its cause, as other men did, and thought he could trace it to some masses of putrid flesh and fish about that hill. Persons near these offensive substances had the disease. It was fair to suspect the agency of

these substances in producing it. I believe that they had an agency;—that they were injurious to the health of the persons much exposed to them, and thus operated as occasional or exciting causes of the fever. But, however, I believe that the predisposing cause was from another source, and that this determined the disease to be what it was. In another year, when a milder epidemic was prevalent, that same exciting cause would have produced that milder disease.

In support of these opinions I state, that since 1798 the same yellow fever has appeared three times in this city, and each time it has appeared, as in 1798, about Forthill. On one of these occasions, the first cases of the disease were those of a lady, her son and daughter. They were all adults. They lived in the same house, but otherwise their exposure had not been similar. They were all taken on one day, and all died on the fifth day of the disease. Dr. Rand saw them with me, and we looked round the house in vain for any special cause of the disease. There was neither fish nor flesh undergoing putrefaction. The subsequent course of the epidemic induced many persons to look for causes of that kind, but without success. No explanation could be given, except that the cause of the fever came from the soil of the district where the disease prevailed; and that this cause did not act beyond a very small limit from its source, nor on any person who did not continue to be exposed to it for a long time. This was the result to which the investigation, in that year, led all impartial observers, as I believe. But is not this

greatly confirmed by finding that the disease has always appeared in the same district, when it has appeared in this city, for thirty years? In that period it has appeared four times, and, in each case, round that hill. In neither of the instances has it extended far from the same hill, and in three of the four it has been only on its borders. Does not this render it probable that there is some fixed local cause, which is eliminated in hot seasons upon this spot? This cause I hold to be a malaria from the soil.

Next as to cemeteries. I do not doubt that animal matter, in these or any other places, when suddenly emitting the gases generated during putrefaction, will be injurious to the health. Accordingly the practice formerly prevalent in Europe, of burying distinguished persons in the aisles of their churches and cathedrals, was an injurious one. In these cases the bodies were not placed in tombs in the cellar of the church, but were buried in the ground which constituted its floor. Here the ground cracking might allow the escape of the deleterious gases, and in a crowded church many persons at once might be greatly injured. Some of these persons might die immediately; others might undergo a temporary derangement of health; and in others, predisposed to fever, that disease might ensue. This happens from any derangement of the health; and hence the doctrine that epidemics convert other diseases to themselves. But if fever was directly produced by such exhalations from dead animal matter, the cases should be common, not rare, and to be picked up in a few scattered

records.—To this last suggestion Dr. Parsons has, I know, made a reply. He says that animal matter in a state of decomposition is so offensive, that we seldom allow it to remain where it can affect us; and that we ought not to look for its deleterious effects except in very hot weather.

Let us look at this statement. I shall not examine his argument in all its parts, nor stop to show that the decomposition of animal matter does not require just the same conditions requisite for vegetable matter, in order to render it offensive. But is it true that we rarely find men exposed in hot weather to animal matter in a state of decomposition? That this should be said by a man so conversant with affairs as Dr. P. is, shows how apt literary and scientific men are to think only of the facts which they find recorded in their libraries. Is not the experiment going on continually, winter and summer, hot years and cold years, in the neighborhood of all our cities and in every village? Is not this done in the slaughter houses, not to mention any other place where animal matters are collected? One cannot pass near a slaughter house without being offended by the evidence of the purpose to which it is devoted. To what concentrated effluvia then must the butcher be exposed, and in many cases the families which live immediately round the scene of his labors? It may be said that habit destroys, in such persons, the susceptibility to the injury to which they are exposed. But there must have been, in each instance, a time when the habit was not formed. Now an inquiry into this matter will, I

think, satisfy Dr. P., as it has me, that persons so exposed are not peculiarly subject to fever. On the other hand, the occupation of a butcher is thought to be a healthy one. This opinion is so prevalent, that men sometimes engage in this occupation because they are unhealthy.

To return to the subject of cemeteries. I once entertained the objection to the establishment of these in the midst of cities, which is still maintained by many of our profession. I care not to engage in the general question now. I was called, many years since, to consider this matter in relation to our own city; and then satisfied myself that here, at least, graveyards are not injurious to the health of the citizens. This opinion was formed not by looking into books, but by looking round the town. We have several graveyards which have been used for many years, and two of them are in the centre of the town. We have likewise two churches, in the cellars of which there have been tombs built, perhaps before any one of the present generation was born. If these places had been sources of disease, it must have become known. I have myself spent years in their immediate neighborhood. I know that the persons living around these burial grounds, and those who have frequented these churches, have not been peculiarly affected with fevers nor with any other disease. On the contrary, the house-lots around the graveyards have been valued very highly. The open spaces have rendered the surrounding houses more pleasant, and I believe more healthy, by the free admission of air and light. On this account, I have

wished that all graveyards should be in the centre of cities, so as to promote a healthful ventilation.

If the statements I have made are correct as to slaughter houses and as to our cemeteries, we may be justified in discarding the fears of "animal decomposition" entertained by Dr. P. and others, so long as we are not exposed to the products of this decomposition in a very concentrated state; and even then, fever is not the disease to be feared, except in persons previously exposed to that disease.

Yours, &c. J. J.
Boston, Nov. 19, 1830.

VI.

EMPHYSEMA OF THE FACE, FROM FRACTURE OF THE ANTRUM MAX- ILLARE.

*To the Editor of the Boston Med.
and Surg. Journal.*

SIR,—A lady of this city being engaged in some occupation about her kitchen fire, on stooping suddenly struck her face with a good deal of force against the sharp top of an old-fashioned and-iron. The blow at first nearly stunned her. It took effect on the left cheek, just below the protuberance of the malar bone,

and directly over the antrum. A short time after recovering from the immediate effects of the shock, upon blowing the nose, the face, around the injured part, became puffed up; and in a few minutes, before she was aware of the nature of the difficulty, the swelling had extended over the whole side of the face, and extended down the neck nearly to the shoulder. It passed also a little over upon the right side. The tumor was distinctly emphysematous, was accompanied by no pain, and subsided spontaneously in the course of a few days, leaving only a little discoloration of the skin, and an adhesion of the skin to the parts beneath, which still remains, producing a pit or depression at that spot. A little blood was discharged from the nose by blowing, and there can be no doubt that the injury consisted in the fracture of the anterior wall of the antrum, accompanied by a laceration of the cellular membrane. Through the opening thus made the air was forced, on blowing the nose, into the interstices of the cellular membrane.

Very truly yours, &c.

JOHN WARE.

BOSTON, TUESDAY, NOVEMBER 30, 1830.

VARICES.

THE late researches of pathologists on the subject of phlebitis, have given to every malady of the veins a great additional interest, which has not failed to extend itself to the morbid enlargements of these organs so frequently noticed in the lower extremities. As these sometimes proceed

to a very troublesome extent, and cause considerable alarm from the hemorrhages they occasion, it has been thought very desirable to obtain for them, if possible, a radical cure; and the question has suggested itself to surgeons, whether this might not be effected, as in aneurism, by one or more ligatures placed on the dis-

eased vessel. Both these operations have been tried; and we have now before us an account of their respective success, from which we select the following facts:—

The first mode is that of a single ligature, applied to the venous trunk in which the affected veins terminate. This has been done with a view perfectly similar to that with which the artery in aneurism has been tied beyond the tumor. It has been expected by this means to cause a coagulation of blood below the ligature, and thus the obstruction of the vein which it traverses. This plan, however, is not found to answer fully the end proposed. It appears that the obliteration in these cases takes place only in the immediate vicinity of the point operated on, and not through the whole extent of the varicose portion. This defect, however, does not become evident until a certain period after the operation is performed. So long as the wound is healing, the patient is obliged to maintain a horizontal position, and to preserve entire rest. The consequence of this circumstance alone, is the diminution of the venous enlargement; so that when the confinement ceases, the disease appears to have been wholly removed. A short time, however, suffices to show the fallacy of this expectation. Scarcely has the patient left his apartment, and resumed his ordinary occupations, when the tumors begin to reappear; and thus nothing is gained beyond what would equally have been secured by rest alone. On the other hand, the hazards of the operation are by no means trifling. There is

no small probability of inducing phlebitis; and the danger from this source is quite sufficient to overbalance any advantage to be expected from the operation itself.

The other operation above alluded to, has for its object, to include the diseased portion of vein between ligatures, and intercept its connection with the sound portions both above and below it. It consists in tying the venous trunk below the point where the varicose dilatations commence, and also below that where they empty themselves. Thus, to cure varices of the leg, the internal saphæna would be tied on the level of the malleolus, and just below, or even above, the level of the condyle. Dupuytren has employed this method repeatedly in varicose affections, and has constantly obtained that effect which was wanting in the case of the first operation, namely, the obliteration of the diseased vein. But, though infinitely preferable, on this account, to the former plan of proceeding, it affords no protection whatever against the dangers involved by it, and by making necessary two ligatures of the vein, evidently increases the chance of inflammation. It cannot, therefore, be safely recommended.

Setting aside, then, the chance of relief from operation, the only course remaining in this troublesome affection is, to diminish the current of blood through the vein, and thus, by taking off the dilating force, to enable it to resume its original dimensions. This, as is well known, has very frequently been attempted, with considerable success, by the aid of

elastic stockings and bandages. Although these means do not always effect a cure, they never fail to afford relief, and to render the situation of the patient more comfortable. Even this remedy, however, may require some precautions, to obviate the danger of venous congestion, when a large amount of the circulating fluid has thus been withdrawn from its accustomed channel. This idea, which is reasonable in itself, is farther confirmed by actual experience. The distinguished surgeon above alluded to, asserts that he has frequently known congestions produced in the viscera, and even apoplexy itself to be brought on, by the reflux of blood consequent on the compression of numerous and large varices of the inferior extremities. Where these exist, therefore, the direct curative means should be preceded by venesection, so as to diminish for the time the amount of circulating fluid. By adopting this preliminary, the patient is defended against any untoward accident, and the full benefit of the succeeding treatment is secured.

MEDICAL SCHOOL IN EGYPT.

DR. CLOT, a Frenchman, who is at the head of the medical department of the Viceroy of Egypt, has recently founded a medical school at Abou-Zabel, a few miles from Cairo. Many obstacles presented themselves to this undertaking; one of the most important of which was the difficulty of establishing the means of communication between the pupils and their

masters,—the young Arabs being ignorant of the European languages, and the teachers knowing little or nothing of Arabic. This being surmounted by a Mr. Ucelli instructing the Arabs in French as a preliminary step, religious scruples next presented themselves, and gave rise to many conferences with the native priests. Fortunately, the result was to convince them that the study of anatomy was no profanation of the dead, while it contributed essentially to the preservation of the living. Permission was obtained to prosecute dissections with discretion, and the dislike of the pupils to the dead bodies being soon subdued, dissections are now carried on in Egypt with as much freedom as in Europe.
London Med. Gaz.

New Medicine.—It is stated, in a letter from Rome, that the French medical men in that city continue to administer, with great success against intermittent fevers, the bark of the willow. These gentlemen assert that it has more power than Peruvian bark.

Fossil Bones.—An immense quantity of the fossil bones of the hippopotamus, the elephant, the mammoth, and other species of animals no longer in existence, has been recently discovered in a cavern near Palermo.

Smallpox.—One case of this disease was found in High Street, we understand, last week, and several persons have been exposed to the infection. We trust our vigilant police will delay no longer the contemplated measures for affording security against the spreading of this shocking malady.

Whole number of deaths in Boston the week ending November 18th, 19. Males, 7,—Females, 9. Stillborn, 3.

Of lung fever, 1—infantile, 3—inflammation in the bowels, 1—unknown, 2—consumption, 3—inflammation in head, 1—liver complaint, 1—croup, 1—burn, 1—teething, 1—old age, 1.

ADVERTISEMENTS.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in Practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

July 6.

121.

ANATOMICAL LECTURES.

DRS. J. V. C. SMITH and J. B. FLINT, will commence their Fourth Course of Evening Lectures on Practical Anatomy and Physiology, at the Columbian Hall, Tremont St., on Wednesday evening, Nov. 27th—at 8 o'clock. Tickets for sale at the Bookstore of Cottons & Barnard, Washington Street, corner of Franklin Street.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

NEURALGIC DISEASES.

ATREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

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JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

THE BOSTON
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VOL. III.]

TUESDAY, DECEMBER 6, 1830.

[No. 43.]

I.

NEW MODE OF TREATING RUPTURES
OF THE URETHRA.

From the Medico-Chirurg. Review.

M. DESRUELLES, surgeon to the Val de Grace, has published in the *Journal des Progrés*, No. XVIII., a kind of memoir on lacerations of the urethra. Several cases of rupture of this canal, and considerable hæmorrhage in consequence, are related. In one, there being inflammation of the urethra and retention of urine, the employment of the catheter gave rise to such formidable hæmorrhage that the patient was lost. In another the individual was nearly destroyed by bleeding, in consequence of the introduction of the caustic bougie. In a third case acute inflammation of the urethra was followed by rupture, infiltration of urine into the surrounding parts, and death. M. Desruelles remarks that horse exercise is one of the most frequent causes of this accident in persons laboring under chronic inflammation of the urethra, for he has almost always observed it in horsemen. As laceration of the urethra is generally combined with, or dependent on contraction of the canal, M. Desruelles conceives that it is a matter of importance to dilate the strictured part, without interfering with the remainder of the urethra. He has therefore employed a hol-

low silver tube, one or two inches in length, and of different diameters, which is introduced into the contracted part, and withdrawn by means of a silken thread attached to one of its extremities. Before its introduction, it is necessary to introduce a bougie, in order to learn the requisite size of the tube, and the depth to which it must be passed. The silken thread is then passed through what may be termed a conductor, the tube being thus attached to its extremity. The tube is then pushed before the conductor into the strictured part of the urethra, where it is left, while the conductor is withdrawn. The silken thread being fastened round the penis, or to proper tapes, prevents the tube from slipping farther into the urethra or becoming impacted there. The tube is left in for twenty-four or thirty-six hours. We cannot say we see any advantage in this complicated manœuvring. It is much more clumsy, and much more difficult, than the introduction of a silver catheter—more likely to create irritation, and not a whit more adapted to effect a cure. In the abscess of the perineum, depending on fistulous opening into the urethra and stricture, such a mode of proceeding would in most cases be impracticable; for it is often impossible, always difficult, to introduce the more manageable bougie. Besides, if any accident

happened to the silk thread, or if severe inflammation of the urethra and surrounding cellular membrane supervened, it would be but an awkward thing, at the best, to have a little tube pent up in the inmost recesses of the urethra. However, our readers may form their own opinions on the subject.

II.

POISONING BY OPIUM AND BELLADONNA, USED AS AN INJECTION.

MADAME * * * *, æt. 22, had been tormented for some months by a darts eruption on the vulva. Having tried various means without relief, she applied a strong solution of opium and belladonna, which gave her some ease. On the 19th of November, 1829, she determined to use the narcotics in the form of enemata, and mixed a pint of the lotion with sufficient water to make three injections, each containing a scruple of opium and half an ounce of the leaves of belladonna. She took the first at eight o'clock in the evening, and the second and third shortly after the first; all three were returned, and some feces were discharged. At half-past eight she went to bed, feeling rather confused. Her husband, a medical man, found her sleeping soundly at half-past nine, and did not disturb her. At midnight, however, finding her still buried in the deepest slumber, he became alarmed and sent for Dr. Solon. Her face was now extremely pale, the pupils dilated to the utmost, the tongue dry, deglutition difficult, the respirations short and frequent, the pulse small and 130. The limbs were perfectly motionless, and the skin insensible to pinching or irritation of any kind. A purgative injection

was immediately exhibited, a free bleeding practised from the arm, ten leeches placed behind each ear, sinapisms applied to the thighs and legs, and ether draughts administered by the mouth. At five o'clock next morning the patient opened her eyes, uttered a few unconnected words, and vomited some bilious matters. In the course of an hour she awoke, as from a painful dream, recollecting nothing of what had occurred. Vision was imperfect; she appeared to see things through a thick veil, and whenever she closed her eyes her ideas became confused and incoherent. We need not pursue the details; suffice it to say that the lady recovered from all her severe symptoms. The parts, however, to which the sinapisms had been applied, sloughed, in consequence of the length of time they had been continued, and many months elapsed before she could walk about. The eruption on the vulva was quite cured by this severe discipline, and the patient subsequently went well through a confinement.—*Id.*

III.

APPLICATION OF THE CUPPING-GLASS TO THE EMPTYING OF ABSCESSES, OR OTHER CAVITIES.

THE cupping-glass may be very usefully employed to the above purposes. Our readers are aware that many methods of evacuating large abscesses have been recommended by eminent surgeons. Mr. Abernethy makes a small puncture, carefully squeezes out the pus, and uses every precaution to close the opening. Mr. Brodie is rather disposed to make a larger puncture, and, without any squeezing or kneading whatever, to allow

the matter to drain into a fomentation-cloth, taking care to keep the patient in a state of perfect rest. Where many and opposite measures are adopted by men of talent and observation, the result of none is uniformly successful ; and we have seen bad consequences ensue after both the methods to which we have alluded. The fact is this : in many cases of psoas or other abscess, the cellular membrane is very extensively destroyed, the muscles perhaps are eaten away, the bones carious, the constitution bad. Now when such is the mischief, bad consequences *must* follow any plan we can devise, or occur if no operation is attempted ; the patient being rather destroyed by the disease than by any operative injury inflicted. But still there are milder cases in which the issue is not necessarily fatal, and in which the judicious evacuation of the abscess will effect a cure. It is certain that if such abscesses be opened in an improper and unskilful manner, if there be much squeezing and kneading and probing, the parietes of the cyst inflame, its contents become putrid, sulphuretted hydrogen gas is locked up, and a train of the most characteristic typhoid symptoms are the consequence. Now we have seen Mr. Brodie employ the cupping-glass with much advantage in the emptying of such abscesses. The pressure made by the atmosphere is equable and regular, though strong, and there is less danger of air being admitted through the wound than in the ordinary mode of proceeding. The abscess being freely punctured with a lancet, Mr. Brodie immediately puts on a succession of glasses till the matter ceases, or nearly ceases,

to escape. He then applies a poultice, and keeps the patient in a horizontal posture and in bed. About a month ago we saw a little girl with an abscess on the buttock, apparently communicating with the hip-joint, treated in this manner, and not an unfavorable symptom supervened. We do not pretend that bad consequences will never follow this, as they will any other operation in these cases ; but they rarely do so, and the plan is in general unattended with inconvenience. The cupping-glass is equally applicable to the evacuation of other large cavities as to abscesses. Mr. Brodie, for instance, employed it in a case of hydatids on the convex surface of the liver, after puncturing the prominent tumor in the hypochondrium. Perhaps these hints may be of service ; and we are sure Mr. Brodie will be pleased to see some of the results of his extensive experience and keen observation, made available and useful to his less fortunate brethren.—*It.*

IV.

CASE OF CONICAL CORNEA.

By JAMES M. STAUGHTON, M.D.,
late Professor of Surgery in the
Medical Department of the Col-
umbian College, now of Cincinnati.

From the Western Journ. of Med.

IN the summer of 1828, a young woman, of 19 years of age, called at my office in Washington city for advice. By the manner in which she groped her way into the room, I perceived that she was nearly blind. She was from the country, but was then on a visit to her sister at the Navy Yard. She complained of a dimness of vision in both eyes, which had been gradually

increasing for two years. On looking at her eyes, which at first glance appeared natural, I recognised a case of conical cornea. I was in a moment struck with the truth of Travers' beautiful description of the disease, which he tells us causes the cornea "to exhibit a degree of tenuity and brilliancy which gives it the appearance of a pellucid fluid, like a dew drop suspended."

The alteration in the shape of the cornea was great, and consequently the vision very imperfect. The patient could tell on which side of the room the windows were situated, but so refracted were the rays of light, that she could distinguish neither their form nor number. She was unable to walk alone in the streets, and it was by her sister's arm and guidance that she reached my office. Nor was her sight much more distinct when the axis of vision was shortened. The most close approximation of the object to the eye, assisted her vision but little. I had in my possession a lens of unusual concavity, made for an optical instrument; this, however, she found to be of no assistance, as indeed usually happens.*

* The most extreme cases of near-sightedness resemble the disease in question, in the projection, though not in the conoidal shape of the cornea, and many of the most prominent symptoms are very similar. A remarkable case of this kind occurred in a Baptist Clergyman, now no more, well known for his eccentricities, and much respected for his unaffected piety and benevolence, a resident of New Jersey. He was so near-sighted as to be unable to walk without guidance. He could not read without approaching the book within an inch of his eye, and even then could not see a letter unless he were in the open air, and the sun shining strongly on the page. Notwithstanding these difficulties, he mastered the lan-

She complained of a continual sensation of fulness in the eye-balls, amounting at times to great pain. There was not, so far as the most attentive scrutiny could detect, the slightest vestige of inflammation in any of the tissues of the eye.

This was the first case of conical cornea that had ever presented itself to my observation. From the various authors that had touched on the subject, I understood it to be an absorption of the interlamellar texture of the cornea, by which it loses its natural tonic resistance to the contents of the globe. I was forcibly struck with the great extension that the cornea had undergone; for the cavity of the aqueous humor was capable of containing more than double the usual quantity of fluid.

I am not disposed to deny the power of this interlamellar absorption to produce disease—though I believe we have no post-mortem examinations to prove it. On the contrary, I think it would be difficult to account for the conoidal figure assumed, without supposing that the cornea afforded less resistance at the centre than at the edges. It appeared to me easy to account for the symptoms which were presented, by supposing the vessels which supply the aqueous humor to be in a

guages. In the Greek he was truly learned, and being a man of great natural shrewdness, some of his philological researches were deemed truly valuable. His ingenious friend, the late Rev. Dr. Allison, ground concave glasses for his use in reading; but so great was the requisite concavity, that the size of the letters was diminished so as to be scarcely perceptible.

Of course, if lenses are used in the disease before us, they must be ground into a hollow conoidal shape, and not concave.

state of increased activity. The gradual manner in which the various tissues extend before a slowly accumulating secretion, leaves no difficulty in accounting for the change of shape which occurs. Of the extensibility of the cornea, Burgman gives a frightful instance in a man who was hanged, whose corneæ were so prodigiously distended that they reached down to the mouth like horns. — *Haller. Disputat. Chirurg., Vol. II.*

That a continued pressure was kept up in the eyes, the painful sensations of the patient most abundantly proved. If the alteration in the shape were to be attributed to the pressure of the contents of the globe on the attenuated cornea, then ought all those contents, in a case of great extension like the present, to be carried greatly forward—then ought the iris to present a convexity on its anterior surface—then ought the cornea to be soft and yielding to the touch. Now, in the case before us, I could find no convexity of the iris; and when the cornea was felt beneath the lid, which it caused to project very much, I found it firm and resisting. From this view of the subject, I came to the conclusion that the disease was owing to an increased accumulation of the aqueous humor; and I determined to try if I could not reduce its quantity by some of the means within our reach. How far this view was correct, the result of the case will prove.

One word more. Mr. Wardrop remarks, that in those cases which he had examined, there has always been a small portion of the cornea, where the surface was irregular, having the appear-

ance which is observed where a thin membrane fills up a part of the cornea which has been previously destroyed by ulceration. Hence he concludes that conical cornea is always the result of a structural or organic change. In one case of Mr. W.'s, there was perceived by the patient a multiplication of images; and there must have been inequalities on the surface of the cornea, not, perhaps, unlike the various facets which the lapidary gives to the crystal, but of much greater irregularity. This case his friend, the celebrated Dr. Brewster, of Edinburgh, examined with great attention. The Doctor was led to the conclusion, from this and several other similar cases, that an irregularity of the corneal surface must be present in all possible cases of conical cornea; and he proposed to relieve it by glasses ground so as to correct the irregular refraction.

Far be it from me to suppose that the irregular surface does not at times accompany conical cornea,—though I must be excused from believing that Dr. Brewster, or any other optician, could grind glasses to suit the varieties of irregularly refracting corneæ. This opinion, however, I think explains very satisfactorily the manner in which what Mr. Travers calls "*the tubular spectacle frame with a pupillar aperture*" renders the vision of the patient, in certain cases, more distinct than any other contrivance; for then the rays of light can be made to fall on a small portion of the smooth and uninjured cornea, and thus undergo a regular though excessive refraction, while the rays are broken up and dispersed when they fall

on the uneven surface of the whole cornea.

Mine, however, was not a case of this kind. The most minute examination after Dr. Brewster's most approved method, did not show any irregularity on the surface of the cornea. Nor did a pin-hole in a card—which might perhaps answer as well as the "*tubular spectacle frame, &c.*,"—render the vision one whit more distinct.

The known properties of the iodine in promoting absorption, presented themselves to my mind as offering the best means to diminish gradually the quantity of the aqueous humor, and to produce a corresponding alteration in the shape of the cornea. I directed the patient to rub the surface of the lids with a small portion of the ointment of iodine every night and morning.

The first application of the ointment generally vesicates. It did so in this case. My patient, however, courageously continued its employment, and in four days she had so far recovered her sight as to be able to walk alone from the Navy Yard to my dwelling, a distance of upwards of two miles. The convexity of the cornea I found much diminished, and its transparency in no way injured. She was in the highest spirits at so wonderful an improvement, and continued to attend with the greatest diligence to my directions. In less than three weeks, she was able to read and to sew, from which she had been debarred for many months. She was anxious to return to the country. I directed her to continue in the moderate use of the iodine.

From that period I never heard of her till April, 1830, when she

came into the city to procure another box of the ointment. Her vision had remained distinct, and for upwards of a year she had not used the iodine. She had lately taken a severe cold, and feared her old disease was returning. I detained her in the city till she had used a portion of the iodine, and till she was perfectly satisfied that the disease was absolutely under the control of the remedy.

Conical cornea is a rare disease. Many surgeons of great practice have never seen a case. I know of no remedy that has been so successfully used in the disease, as the iodine in the case related. Should a more extended trial prove its efficacy, I shall feel great pleasure in having thus communicated it to my professional brethren.

V.

NOTICE OF IRON FOUND IN THE POWDER OF CINCHONA BARK. BY CHARLES ELLIS.

From the Phil. Journ. of Pharmacy.

A CIRCUMSTANCE occurred with a highly respectable house in Baltimore, to which we are indebted for a knowledge of an accidental impurity in the powder of cinchona, which is believed to be of sufficient importance to interest the readers of the Journal.

An ounce of calisaya bark in powder was procured of them, and directed by the physician to be made into a decoction. The liquid when decanted was nearly the color of ink. A second ounce was obtained and infused in an earthen vessel, with precisely the same result. The conclusion was, either that the bark or the water contained iron; and to de-

termine to which of these causes to assign this change of color, and to ascertain whether the bark were really impure, these gentlemen submitted it to the following experiments, viz:—1. A small quantity of the powdered bark was examined by the aid of a microscope, and the whole surface found studded with small metallic specks, some black, some bright, giving it quite a lustre. 2. A quantity of the powder was boiled in a Florence flask with distilled water. The decoction was of a deep black color, taste similar to ink and entirely devoid of the sensible properties of a decoction of pure cinchona; suffered to stand, the supernatant liquor was of a greyish blue color, and the precipitate of a dark brown, approaching to black. 3. A quantity of the powder was exposed, in a shallow vessel, to a stream of water, so as to wash away the lighter particles, and the deposit left in the bottom of the vessel consisted of small black grains of a metallic lustre. The inferences drawn from these experiments were, that the powder contained a metallic substance which proved to be iron; and that the precipitate in the decoction was owing to the action of the components of cinchona upon the iron.

These results led to an examination of other parcels of powdered bark, and in upwards of twenty different samples examined by my friend John Farr, and a number by myself, there were none in which the magnet did not detect minute particles of iron; in some much fewer than in others.

In order to ascertain the amount of impurity in a given quantity of

bark, I washed carefully half an ounce of the same lot used in Baltimore, and obtained one grain of iron in a metallic state: there was perhaps from a fourth to half a grain lost in the operation. From one ounce of another parcel there was half a grain separated by the magnet.

It will be readily perceived, from the nature of this admixture, that it was entirely accidental, and fortunately not of a character calculated to do any injury.

Inquiry having been made of the powderer, it was ascertained that his machinery does not materially differ from that in general use; that the revolving stone is shod with iron, and passes over a cast-iron plate—a sufficient cause for the existence of minute particles of iron in the powder, particularly as in this instance the bark was not dusted, a process by which the impalpable powder is separated from the heavier and coarser particles.

Although it is not probable that the quantity of iron found in this cinchona would render it objectionable in many cases, still it is desirable at all times to have our remedies free from all foreign admixture—that the physician may know precisely what he is directing, and the patients may neither be alarmed nor disgusted with unexpected, and to them unaccountable dangers. From the well-known hardness of the French burr stones, we may readily conclude that bark might be ground by them without the fear of adulteration.

It may be observed, in passing, that barks, roots, &c., of nearly every kind, are more eligible for decoction or infusion when coarsely powdered, or bruised, as it is

technically called, than when reduced to an impalpable powder.

VI.

ON AROMATIC OR SPICED SYRUP OF RHUBARB. BY ELIAS DURAND.

DR. COXE, in the last edition (1830) of his American Dispensatory, has very judiciously observed that this syrup, prepared agreeably to the Pharmacopœia of the United States, possesses a defect which may be easily obviated, without changing the proportions of its ingredients. In fact, evaporating to one half an infusion of rhubarb and aromatic substances, is quite inconsistent with the present improvements in pharmaceutical manipulation; it is too well known that these articles lose, by ebullition, a great portion of their active properties.

This fault, as well as many others which have crept into that national work, has not escaped the attention of our practical pharmacutists. From the first time I had to compound the aromatic syrup of rhubarb, this defect struck me, and I amended the formula by the following, which undoubtedly affords a preparation very superior to the other, both in nicety and activity. I first prepare an alcoholic tincture with the rhubarb and the aromatic ingredients, and then form my syrup by the addition of a relative quantity of simple syrup.

Aromatic Tincture of Rhubarb.

R. Rhubarb of good quality, parts v.
Cloves and cinnamon, of each,
parts iv.

Nutmegs, part i.

Alcohol of 20 deg., parts lxiv.

Bruise the ingredients and macerate them for about a week.

Aromatic Syrup of Rhubarb.

R. Aromatic tincture of rhubarb,
part i.

Simple syrup of 35 deg., parts iii.

Mix well. This syrup marks 28 deg. on Baume's pèse syrup.—*Id.*

VII.

WHETHER ANIMAL DECOMPOSITION IS PRODUCTIVE OF FEVER?

To the Editor of the Boston Med. and Surg. Journal.

SIR,—A correspondent has, in your Journal, noticed my Essay on Animal Malaria, in a manner that entitles him to my thanks, notwithstanding the opposition he frankly avows to my opinions. As my only wish is to arrive at the truth upon an important question, I am bound to feel as grateful for evidence that tends to refute my opinions, as for that which supports them, especially when offered in such a candid and agreeable manner.

Of the seventeen instances I have adduced of fever caused by animal decomposition, he examines only one. I have stated it thus:—"Dr. Rand, in his history of the yellow fever in Boston, relates the case of a person who was employed to remove some hides in a very putrid state, upon a point of land opposite Wheeler's wharf, and who sickened and died on the third day. This history of Dr. Rand describes the masses of animal matter in a putrid state on Forthill, Stoddard's wharf, &c., and the cases of the fever that originated from them. Three lads, apprentices to Mr. Marston the cooper, by repacking some of this beef, were seized with the fever and died. Now had the same number of persons been employed

in moving the coffee on the wharf in Philadelphia, and all shared the same fate, is it likely that such a difference of opinion would have existed respecting the origin of the fever that prevailed in that city in 1793 ?”

To this it is replied, by your correspondent, that fever has appeared in the district of Forthill three times since the above of 1798, and he thinks it probable that there is some fixed local cause, which is eliminated in hot seasons upon this spot, such as malaria from the soil ; that in one house three persons were attacked on the same day, and died on the fifth, and no animal putrefaction of flesh or fish could be discovered round the house.—Now the question at issue is not whether animal decomposition be the only cause, but whether it ever is a cause of fever. Three lads were employed in repacking putrid beef, and they all became victims of the yellow fever. Does it appear that any other company of persons employed together at the time in other business, all shared the same fate ? If not, it is fair to conclude, if no other cause is assignable, that the putrid beef had some agency in causing the fever. Your correspondent admits that it had, but thinks it only acted as an exciting cause, and “that the predisposing cause was from some other source, and that this determined the disease to be what it was ; that in another year, when a milder epidemic was prevalent, that same exciting cause would have produced that milder disease.” But if he will compare this case of the boys with some others adduced in my Essay, he will find that animal putrefaction caused fever in persons and com-

munities where no epidemic prevailed, and that they were attacked immediately on their exposure ; and he will find, too, that it is the putrid or the yellow fever only that is producible by such putrefaction, which shows that its operation is not controlled nor varied by any predisposing cause.

He adduces one piece of evidence only which has not been considered, if not refuted, in my Essay ; it is that of slaughter houses, which he maintains to be not only innoxious, but even conducive to health. But here he has not shown specifically that all the circumstances exist in them, that I have stated as necessary in order to eliminate the cause of fever from decomposing animal matter, and which himself believes to be necessary to render vegetable decomposition a cause of yellow fever. These circumstances are, heat, for a succession of days above 80 deg., moisture, abundance of materials, in such masses as will produce an intestine fermentation ; and I ought to have added a quiescent state of them, for this seems deducible from the cases recorded in my Essay. Now the facts in respect to animal matter in slaughter houses, so far as my observation has extended, are these :—The offals are thrown into a pen among swine, who are incessantly at work, during the day, in turning over the mass, and devouring all the animal substances as fast as they collect. If any portion of flesh is unconsumed, which I very much doubt, it is kept in constant motion ; thus differing essentially from the heaps of putrid fish, oysters, or an entire carcass, which I have stated caused fever, and also from the heaps of coffee,

potatoes, cabbages, &c., which your correspondent will admit has produced yellow fever. In all these cases, there is an intestine fermentation in the centre of the mass, and an evolution of the febrific cause. It is true the heads of cattle are thrown round slaughter houses in the open air, having minute portions of flesh adhering to them; and these, though not in sufficient masses to produce the intestine fermentation just mentioned, are enough to produce all the putrid stench for which slaughter houses are distinguished.

That butchers enjoy good health, is an opinion entertained by other highly distinguished medical gentlemen of candid minds; but probably this is less owing to any sanative or salubrious qualities in the air they respire, than to the active and regular, yet not exhausting nor exposing, nature of their employment, and to the abundance of wholesome animal food they always have at hand.

Let your correspondent adduce what he has not done, an instance of animal decomposition that proved harmless, and which combined all the circumstances I have stated, the existence of which he admits to be necessary for the production of yellow fever from decomposing vegetables, and I will then admit it as evidence of—what? not of its being non-febrific under any circumstances, because no one can presume to say he knows *all* the circumstances that could influence its operation as a cause of fever; but I would admit that it did not produce fever in that case, although it did produce it in a great number of cases recorded in my Essay. I would then, in return, point to the marshes and streamlets in the

neighborhood of the slaughter houses he alludes to,—to the swamps and marshes of New England,—to every collection of decaying vegetables around farm-houses,—and ask him, if decomposing vegetables cause yellow fever, as he admits, why do not each of these produce it annually? and I am not sure that he could, in all cases, give a more satisfactory answer or explanation than the above respecting animal malaria. Yours, &c.

USHER PARSONS.

Providence, Nov. 30, 1830.

VIII.

NEW WORK ON THE SURGICAL ANATOMY OF THE ARTERIES.

It affords us pleasure to give publicity to the following note from a gentleman whose opinions are at all times entitled to the highest respect of the faculty.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—I received, a few weeks since, the 1st No. of Surgical Anatomy of the Arteries, by Nathan R. Smith, of Baltimore, Professor of Surgery in the University of Maryland, and one of the Surgeons of the Baltimore Infirmary. The work is to be completed in six numbers. From a hasty glance at the work, I am favorably impressed with its merit. It seems an original work drawn from nature. The arteries of the head and neck are exhibited in their just proportions, accompanied by a delineation of neighboring parts. His descriptions are lucid. His pathology of the diseases of the arteries is intelligible; their history is formed from original observation, and

the treatment recommended bears the stamp of actual experience. The only similar work with which I have compared it, is that of Charles Bell (Am. Edition); and Smith's Surgical Anatomy of the Arteries, as far as pursued, is much more full, and altogether a safer guide to the operative surgeon. To the medical student the work recommends itself as an important addition to the facility of acquiring accurate anatomical and surgical knowledge, while the experienced practitioner will receive it into favor as facilitating the retention of what

he fain would never forget. It is very possible some of your readers may extend to the work a candor, from associating with the author a name dear to New England,—particularly when they perceive, in the production of the son, the originality, the racy genius and untiring labor, characteristic of the father; and at the same time know that it is the filial piety of the son which is the only earthly resource of a numerous—now *fatherless*—household.

By inserting the above in your Journal, you will oblige, my dear Sir,
A SUBSCRIBER.

BOSTON, TUESDAY, DECEMBER 6, 1830.

NEW WORK ON THE PHYSICAL SIGNS OF THORACIC DISEASE.

THE use of the Stethoscope in the investigation of diseases of the chest, is daily becoming more common in New England, and in more southern portions of the Union is understood to be familiar to every respectable practitioner. How much this mode of research is to be credited, will depend in a great measure on the accuracy with which the instrument is constructed, the power of the physician in the distinction of sounds, and his knowledge of the relation which, experience has taught us, subsists between peculiar descriptions of sound and certain conditions of disease. Auscultation, then, is not a process to be undertaken by every practitioner, or to be attempted by any one at the present day without a previous knowledge of its phenomena, as set forth by those who have devoted to it their time, attention, and experience.

But when applied by a skilful hand, with a practised or a discerning ear, and a knowledge of the circumstances before alluded to, it is unquestionably a great aid to the other means possessed by the faculty, by which the existence and extent of the diseases of the organs connected with respiration, are ascertained.

It is to be feared that many have abandoned the use of the stethoscope, after a very limited trial of it, whose want of success with it has been owing to deficient information on the points of which we have spoken. Nor is this altogether their own fault. There has been a dearth of means for acquiring this knowledge, which has been extensively felt, and it is therefore with pleasure we notice the republication, at Philadelphia, of Dr. Williams' valuable work on this subject. Dr. Williams was a pupil of a distinguished auscultator, and enjoyed opportunities for

study and observation in the wards of La Charité, where Laennec first taught the use of the stethoscope, and the celebrated Andral prosecuted his studies. These circumstances give us a confidence in his opinions and statements, and impart additional interest to his work, which we recommend to the attentive perusal of every enterprising practitioner.

The Philadelphia edition makes a neat volume of 200 pages. It contains a plate of the *regions*, which should be known for purposes of reference and correspondence, and a very accurate representation of the construction of the different parts of the most approved stethoscope,—from which an artist of ordinary ingenuity may form one without difficulty.

THE WEATHER.

It cannot be wondered at that inflammatory diseases of the internal organs should be unusually rife at the present moment. We do not remember ever to have known so protracted a succession of sunless days. During the whole of November, on but three or four days only has the sun been visible. Winds from the North East, cold, chill, damp and penetrating, have blown almost uninterruptedly. The known effects of these winds on persons suffering under diseased or debilitated lungs, have been heightened by their long continuance. A large proportion of the people are complaining of coughs and sore throats, lung fevers are severe, and we doubt not the seeds of pulmonary consumption

have been planted with more than ordinary profusion.

Besides this, a general tendency to inflammation has been induced by the protracted impression of a damp cold atmosphere on the surface—so unfavorable to healthy transpiration—and more than ordinary caution will be required to escape the evil consequences of so gloomy a month at the onset of winter.

FORMULA.

IN foreign pharmacopœiæ and other works of pharmacy, we often find formulæ for combinations, that are entirely unknown to those of our own country. We insert the following from Verrey's Pharmacy, without any respect to arrangement.

Silk Plaster Cloth.

- R. Isinglass 1 oz. 1 dr.
a Alcohol 22 deg. Baumé 12 oz.
 Tincture of Benzoin or of Balsam of Peru 2 oz.
b Tincture of Benzoin 6 oz.
 Fine liquid Turpentine 4 oz.

This kind of plaster is applied on white or black silk, stretched on a frame garnished with points. A solution of the isinglass is to be made in boiling water: to this is to be added the alcohol and tincture of benzoin, (*a*) mixed together hot and well filtered. Of this solution a thick coat is to be applied to the upper surface of the silk, by means of a brush or pencil. This coat being dried, five others are to be successively applied; afterwards two coats of the tincture of benzoin (*b*) and the turpentine. This last application increases its flexibility; and though some pharmacians prefer the tinct. bals. Peru, yet the latter scales off more readily, while it is more agreeable.

Dover's Powders.—The following formula for this ancient and celebrated powder is from the French Codex.

- R. Sulphate of Potassa,
Nitrate of Potassa, each 4 grammes,
or 61 76-100 troy grains.
Ipecacuanha in powder,
Opium purified,
Liquorice in powder, each 1 gramme,
or 15 44-100 troy grains.

It is recommended, in the pharmacopœia of Swediaur, to melt the nitrate and sulphate of potash together in a crucible, and then unite them to the other powders. The dose is directed to be 12 grains.

Cough Lozenges of Tronchin.

- R. Powdered Gum Arabic 8 oz.
Brown Hydrosulphuretted Oxide of Antimony,
Anise, each 4 scruples.
Extract of Liquorice 2 oz.
Gummy extract of Opium 12 grs.
White Sugar 2 lbs.

Mix and make into lozenges weighing 6 grains each. Of these, one may be taken occasionally in diseases of the throat and chest.

Lozenges of Oxalic Acid, for Thirst.

- R. Pure powdered Oxalic Acid 2 dr.
Sugar 1 lb.
Volatile Oil of Lemons 20 or 30 drops.
Mucilage of Gum Tragacanth q. s.

These lozenges may be colored red by means of a little carmine, blue by Prussian blue, or yellow by turmeric, if desirable. They are very pleasant in fever. And if it be desirable merely to make an *oleo saccharum*, the mucilage need not be added, and the compounds can be preserved in the state of powder, and used to prepare *lemonade*.

Lozenges of Magnesia.

- R. Calcined Magnesia 1 oz.
Powdered Sugar 4 oz.
Mucilage of Gum Tragacanth in orange-flower water q. s.

These lozenges are prepared as the preceding.—In the same manner may be formed lozenges of chalk, prepared oyster shells, &c.

Paste of Liquorice, Gum, &c.

- R. Purified Extract of Liquorice 1 lb.
Gum Arabic 2 lbs.
White Sugar 1 lb.
Powdered Orris Root 1 dr.
Oil of Anise or other Volatile Oil 24 drops.

Dissolve the gum in warm water (q. s.), strain it, and add to the solution the sugar and the liquorice, and liquefy the whole on a sand bath. Then evaporate it to the consistence of a thick syrup, and mix the powder and essential oil with it. The paste is afterwards to be placed in metallic moulds, such as are used for chocolate, and exposed to a temperature of 40 or 50 deg. of C. in a stove, until it is sufficiently dried. It is then divided into little squares, and esteemed expectorant and demulcent.

Jujube Paste.

- R. Jujubes, peeled and selected, 1 lb.
Sugar 5 lbs.
Gum Arabic 6 lbs.
Water 30 lbs.

The jujubes are to be pressed in order to open them, then boiled in the water, and afterwards passed through a cloth by expression. With this decoction and the sugar, a concentrated syrup is to be made, which it is best to clarify with the whites of half a dozen of eggs, and strain it when reduced to two-thirds. The gum arabic, clean and bruised, is to be dissolved in part of the water, strained, and thickened by evaporation, and then added to the syrup: the whole to be rendered aromatic with the alcoholic tincture of citrons dissolved in a little water. The syrup afterwards to be poured into moulds, and evaporated to the proper consistence in a stove at a heat of 30 deg. C. The mass obtained should be 9 lbs. If dried too much, it becomes as tenacious as horn.

Phil. Journ. of Pharmacy.

Effect of Light on Plants.—M. Leuchs. It is well known that solar light, by enabling plants to decompose and assimilate carbonic acid, gives them the power of forming volatile and aromatic principles, and of acquiring a green color. Its presence is so necessary to flowering and fructification, that ripe seeds have never been obtained in darkness; on the contrary, if an etiolated

plant be exposed for three, four, or five hours to the sun, it immediately becomes of an equally intense green color with those which have continually grown in light. Plants raised in the open air, when put into darkness, become pale and fade in two or three days; those which, after being raised in darkness, have been exposed for a time to sunlight, cannot again support the privation of light, but die; and water charged with camphor, or essential oil, which has great power of invigorating plants, cannot prevent their destruction. The perfect absence of light is therefore very injurious to plants, and M. Leuchs concludes, that, without the light of the moon and stars, nights would destroy vegetables.

The light of a lamp can, although imperfectly, replace that of the sun; the plant becomes green and tends to the light. When seeds were germinated in three vessels, the first uncovered, the second covered with single, and the third with double paper, those of the first vessel exhibited less external development, but when dried, they gave more solid matter; those in the second were more developed, but were more aqueous and loose; the difference was still greater in the third vessel.

The texture of various plants appears to be more or less aqueous (if the word may be used), when deprived of light, according to the nature of the plants. When plants were placed in a damp cellar or cave, enlightened by a flame, those nearest the flame contained most solid matter; the results were so regular, as to present something like a law, relative to the action of various quantities of light on vegetables.

Light reflected by mirrors appeared to have a very beneficial influence upon plants, and M. Leuchs thinks that many hill sides are rendered fertile by the similar reverberation of light from the neighboring rocks.

Archiv von Castner.

Method of drying Narcotic Plants for Powders.—Mr. Battley has prepared the following rules for drying narcotic plants for powders:—The same rules for reviving withered plants must be practised as recommended in the April number of our Journal, page 86. Then the leaves being in a state of high preservation, and entirely freed from the stalks and external moisture, must be laid in thin layers, in baskets made of peeled willow, placed in a drying room, from which the light is entirely excluded. The temperature of this room should be raised to between 130 and 140 deg. F., for three or four hours, or until the leaves begin to shrivel. They are then to be turned, and the same temperature preserved for six or eight hours longer, which will generally complete the process. This fact may be known by the leaves crumbling easily in the hand. When the process has been properly managed throughout, the leaves will be found to retain their green color in perfection, and consequently their medicinal properties. Oil jars made perfectly clean and dry are found to answer best for preserving them in this desirable condition. The leaves should be placed lightly in the jars; they should then be hermetically sealed, and kept in a dry and warm situation.

The rules suggested by Mr. Battley appear to us well worthy of the attention of our apothecaries. Narcotics are an important class of remedies; and as they are so modified by soil, climate, cultivation, &c., it should be an object with our apothecaries not to allow them at any rate to deteriorate, in the manipulations to which they subject them.—*Phil. Journ. of Pharmacy.*

Spiders.—Professor Weber, of Leipsic, states, that he watched a little spider as it was constructing its web between two trees. The three principal points to which it was attached, formed, as usual, an

equilateral triangle. The two upper threads were fixed to the trunks of the trees; but not finding a point to fix the lower upon, the spider suspended from its extremity a little pebble, by way of counterpoise. The pebble being heavier than the animal, kept the web perfectly extended.—A curious paper was lately read at the Paris Academy of Sciences, on the construction of a spider's nest in earth. This spider is a native of Corsica. The nest is in the form of a well, two inches deep, and six lines in width. The interior is lined with fine web, and the top is furnished with a kind of lid, with hinges, which shuts when the insect is in. This lid, which is composed of earth and web, consists of upwards of forty layers.

Remarkable Case of Re-union of a divided Part.—A case of this description, which occurred at a Quebec hospital, is worth recording.—A man, in chopping wood, cut off the first phalanx of the middle finger. For two hours after the accident, he remained occupied at home. Although the divided part of his finger then appeared to be deprived of vitality, it was determined to follow the plan of Mr. Balfour, and to attempt to re-unite the parts. The tip of the finger was fixed to the stump by adhesive plaster, and in three days union had taken place in two or three parts, and the extremity of the finger which had been divided had as much sensation as any other part of the body. The dressing was continued, and in three more days the re-union was complete.

Translation of the Mecanique Celeste, by N. Bowditch.—We perceive in this translation, (says the Revue Encyclopedique,) an incontestable proof of the progress of

mathematics in the United States, a country which we are accustomed to consider as sterile in the sciences which are purely speculative. If all the divisions of human knowledge are there cultivated with as much success as this, learning will flow back towards its origin, and the west will shed its light upon the east. As the second volume of this translation is to appear in the course of the present year, we shall reserve our account of both until it arrives, and this will impose upon us new mathematical studies, for the indefatigable translator has more than doubled the extent of the original by his notes and commentaries, which will be more particularly the objects of our attention.

Chorea.—M. Dupuytren is in the habit of treating chorea with the cold bath and cold affusions. Whilst in the bath, violent spasms and very disagreeable sensations are excited; these soon pass away. Active exercise is recommended for half an hour, after each bath. The daily repetition of this process, for a few weeks, usually cures the most obstinate cases.

THE CONDUCTORS of the JOURNAL OF HEALTH will accept our thanks for their politeness in sending us a neatly bound copy of the first volume of that Journal,—a work which needs not our commendation, since it has already received the warm approbation of an almost unparalleled number of subscribers, among whom are the wisest and best men in the country,—a work which contains precepts that, judiciously observed, would crown many a brow with centennial laurels, and reduce the whole Faculty of Medicine to abject beggary.

Whole number of deaths in Boston the week ending November 27th, 18. Males, 9,—Females, 7. Stillborn, 2.

Of consumption, 3—croup, 1—typhous fever, 1—inflammation in the bowels, 1—infantile, 3—scarlet fever, 1—brain fever, 1—fever, 1—intemperance, 1—rheumatic fever, 1.

ADVERTISEMENTS.

WILLIAMS ON DISEASES
OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.

Dec. 6.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES AT BOWDOIN COLLEGE will commence on *Monday, the twenty-first day of February, 1831.*

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Anatomy and Materia Medica, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.

Obstetrics, by JAMES MCKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The ANATOMICAL CABINET is extensive, and constantly increasing.

The LIBRARY, already one of the most valuable Medical Libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is \$50. Graduating fees, including diploma, \$10. There is no Matriculating nor Library fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons' Hall at a very reasonable price.

P. CLEAVELAND, Secretary.

Brunswick, Oct. 16, 1830. 4wesp

HALL ON LOSS OF BLOOD.

THIS day received, by CARTER & HENDEE, "Researches, principally relative to the Morbid and Curative Effects of Loss of Blood." By MARSHALL HALL, M.D. F.R.S.E.

Dec. 6.

NEURALGIC DISEASES.

A TREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair price*.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS
AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

ABERCROMBIE ON DISEASES
OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland.

Sept. 28.

SURGEON DENTIST'S MA-
NUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons.

Nov. 2.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, DECEMBER 14, 1830.

[No. 44.]

I.

THE FUNCTION OF THE SPLEEN.

A PAMPHLET recently published in England by W. Dobson, contains some interesting experimental investigations on the subject of the Uses of the Spleen. We have not yet succeeded in procuring the work, but hasten to lay before our readers the following notice of it derived from a respectable British contemporary.

The poor spleen is an organ which has had more falsehoods told regarding it than almost any other. We know the use of the stomach, of the liver, of the kidneys, of the lungs, and, to a certain extent, of the brain; but the spleen has been travelling *incognito*, as regards its functions, in men's insides for many centuries. The duties of this mass of apparently spongy vascular substance, have been variously stated. Paley gave it the office of a packing, to fill out and to prevent from shaking the contents of the abdomen. Let us hear what our author says upon this point.

"Dr. Haighton, finding the spleen diminished in size during a meal, considered that the distended stomach presses on the spleen, thereby determining a greater quantity of blood to the stomach, liver, and pancreas, during the digestive process.

"Sir E. Home's researches led

him to conclude that the spleen consists of a congeries of blood-vessels and absorbents, without any connecting cellular membrane. From this mechanism, Sir. E. considers the *interstices of the vessels* to be a reservoir for the superabundant serum, lymph globules, soluble mucus, and coloring matter, carried into the circulation immediately after the process of digestion is completed.

"Sir Astley Cooper inferred from his own investigations, that the spleen is an elastic reservoir and manufactory of venous blood.

"Mr. Hewson thought that the red globules of the blood were elaborated in this organ.

"To Sir Anthony Carlisle's opinion I may briefly advert. 'I regard,' says this writer, 'the compensating heat of the spleen to be the natural provision against the *torporizing* influence of low temperature suddenly applied to the nervous and muscular structures of the stomach.'

"Mr. C. Bell regards the spleen as a provision for giving the vessels of the stomach an occasional power and greater activity; enabling them to pour out a quantity of fluid according to the necessity of digestion. And, in addition, he considers the venous blood of the spleen is useful in aiding the function of the liver." Pp. 7, 8.

Mr. Dobson found that all these views were unsatisfactory, and, in

the course of his experiments on physiology, observed, that the spleen of a dog, *killed a few hours after taking food*, was of a very large size, when compared to the spleen of a dog that had fasted for several hours. With the view of coming to some conclusion regarding the connexion between the digestive process and the spleen, and to ascertain the changes produced on this organ by the digestive process, and the times when these changes occur, Mr. Dobson instituted the following experiments:—

“EXP. I.—I gave to a middle-sized dog a hearty meal of beef and mutton; the animal ate heartily. *In four hours after*, I opened the abdomen, and exposed the spleen immediately: it was *large and firm*; its veins appeared completely gorged with blood; on cutting into the organ, a large quantity of dark-colored blood flowed out: the exact amount could not be estimated; but I should suppose there were about four ounces: it concreted *in a very short time*. The coagulated mass, however, was *soft*, easily broken down, and presented more the appearance termed *grumous blood*, than the proper sanguineous fluid.

“EXP. II.—A dog was procured as near in size as the one in the last experiment as could be met with; the animal took a full meal of beef and mutton: in five hours *after*, the abdomen was opened; the spleen was very *large and turgid*, with blood. The appearance of the blood was very similar to that in the last experiment; the quantity, however, was *much greater*.

“EXP. III.—The spleen of a dog (of an equal size to the preceding) was examined twelve hours after any food had been taken; a

very remarkable difference was observable; it was *very small*, and *flabby*, and contained only a *very small quantity of blood*. The appearance of the blood differed little from that in the preceding experiments; I thought it not quite so dark.” Pp. 11, 12.

To obviate the objection that might be raised, namely, that the spleens of these animals might be of different sizes, and that this occasioned the differences noticed, Mr. Dobson procured two of equal size, and examined their spleens at the same period after a meal; the difference in size was so trifling, as not to invalidate in the least the conclusions he drew from the preceding statements.

Mr. Dobson then tried to ascertain what might be the effect of the removal of the spleen from the system, and performed the following experiments:—

“EXP. I.—The spleen of a dog was removed;—the animal apparently suffered little from the operation. On the following day I gave it a quantity of food; it ate voraciously: for three hours after, no perceptible alteration was produced; but in *four hours after*, indications of uneasiness were shown: the animal became restless, and lastly sunk into a nearly torpid state; it was often moaning,—the pupils were dilated,—the heart laboring; there was frequent micturition; the respiration was exceedingly laborious, and, in short, there was every mark of plethora, or over-fulness of the vascular system. In the course of two hours from this period, the animal began to recover; and in about three hours these symptoms had subsided; considerable languor remained. The animal took a large meal twice or thrice in twenty-four

hours, and after each, precisely similar effects were presented. The animal became more feeble daily,—in a month after the operation, it died.

“EXP. II.—I next removed the spleen from another dog; but instead of giving full meals, as in the last experiment, I gave a small quantity of food every hour, or every two hours. The animal ate voraciously; no unpleasant symptoms occurred. This plan was pursued for three weeks, when the animal to all appearance was quite well; in fact, it became fat; the ligature from the splenic artery had come away, and the wound in the abdomen healed. I then commenced giving full meals twice in twenty-four hours; the same train of symptoms followed each meal, and at the same period, as in the last experiment, though perhaps not so urgent: the animal died in a month from the commencement of this plan of feeding.

“In both dogs I observed that the intestinal evacuations were of a *lighter* color than natural. On examining the body of each after death, a small quantity of limpid serum was contained in the bag of the tunica arachnoides, and more than a natural quantity in the lateral ventricles; the veins of the brain were in a highly congested state; the abdominal viscera presented no unnatural appearances, but the portal system of veins was much gorged with blood. The deductions to be derived from these experiments, and from the former ones, seem sufficiently obvious; but previous to making them, it may be requisite to refer, in a succinct manner, to a few circumstances connected with the digestive and circulatory systems,

so far as they may bear on this question.” Pp. 13, 15.

After stating some interesting views on the digestive and circulating systems, so far as connected with the subject, Mr. Dobson gives an account of the structure of the spleen,—which account is excellent, and shows that Mr. D. has studied nature as well as books:—

“The spleen is partially and loosely covered by the peritoneum; besides this, it has another covering—its proper envelope—the texture of which is laminated, and possesses a *high degree of elasticity*, so much so, as to allow the organ to be inflated by a slight force with air, and on removing the air it resumes its former magnitude. I have observed the *tunic of this viscus to contract and become corrugated, when the splenic vein or the vena porta was opened*. The splenic artery is a large division of the cœliac; after its origin, it passes over the left crus of the diaphragm,—gives off two or three branches (the ‘*vasa brevia*’) to the cardiac end of the stomach, and often divides before it permeates the spleen. After its entrance, it subdivides and ramifies throughout the substance of the organ, and as far as I have been able to ascertain, from the extreme branches of the arteries the veins commence *directly, and not by the medium of cells*, as generally supposed. The appearance of cells, which is produced when the spleen has been inflated and dried, is, in my opinion, nothing more *than the veins*; the calibre having been maintained by the air thrown in. The relative capacity of the veins to the arteries is much greater than in other parts of the body; and their elasticity much greater than other

veins, as exemplified by inflation." Pp. 20, 21.

Mr. Dobson disputes the opinion of Sir Everard Home, who maintains that there is no cellular substance in the spleen. Mr. D. maintains that cellular substance does exist, but the quantity is not great, and is of much looser texture than the cellular substance in other parts of the body.

Having shown that the structure of the spleen admits of great distension of the organ, Mr. Dobson draws his deductions as to its function:—

"That the spleen acts as a reservoir for containing the additional quantity of blood, which the vascular system has received, by means of the nutritive process." P. 22.

This deduction is developed more fully in the following:—

"That the circulatory vessels are capable of containing only a certain quantity of blood with impunity; and that when an increase in the volume is produced, as after digestion, the spleen performs the office of reservoir to preserve the surplus." P. 24.

Mr. Dobson then notices, as illustrations of his views, some diseased phenomena, such as ague-cake, &c., and deduces some practical conclusions.

II.

A CASE OF RUPTURE OF THE BLADDER TERMINATING FATALLY ON THE FOURTH DAY.

By JOHN E. BUSH, M.D., of Cincinnati.

From the Western Journ. of Med.

I WAS sent for, on the 21st of June, to visit Mr. H., who was represented to have injured himself very seriously by a fall a

short time before. As I was absent when the messenger arrived, my pupil, Mr. Andrews, called to see the patient. He found him lying on his face upon the floor, in very great pain, and absolutely refusing to be moved; and was informed that he was intemperate in his habits, and that he had returned home, on the evening before, somewhat intoxicated. On getting up in the morning, about ten o'clock, he had fallen across the bed post, and complained immediately of most excruciating pain about the abdomen. As he positively refused to submit to any remedial measures, Mr. A. left him; and having been again sent for, I saw him on the next morning. I found him suffering great pain throughout the whole abdominal region; his pulse quick, frequent, tense, and rather strong; the abdomen swelled and tense; a constant inclination to void his urine, without the power of doing it; with a sensation which he expressed by saying "he felt as if the bladder would burst." His bowels had not been moved since he received the injury.

By introducing the catheter, about half a pint of urine was drawn off; the loss of thirty ounces of blood produced a disposition to syncope and a complete reduction of the pulse. Twenty grains of calomel were given, to be followed by castor oil and spirits of turpentine, each half an ounce every hour, until evacuations were produced. Fomentations to the abdomen.

Evening.—No relief from the pain; no alvine evacuations; pulse increased in frequency, but soft and weak; skin of the natural temperature. A small quantity

of urine was discharged by the catheter. Bleeding was attempted, but the pulse gave way under the loss of six ounces. Fomentations continued during the night.

23d.—Tension and soreness of the abdomen increased. Spasms of the abdominal muscles, with excruciating pain, shooting from the scrobiculus cordis to the loins, produced by the slightest motion. Tongue slightly furred. Catheter again introduced. A blister applied to the abdomen, and infusion of senna, with epsom salts, directed during the day; their operation to be assisted by enemata.

Evening.—Slight alvine evacuations, healthy in their appearance; reported to have had a free voluntary discharge of urine. No alleviation of the symptoms; pulse 150, not contracted, but without tension or strength.

Hitherto we had been led to suspect a visceral lesion, and our suspicions were early directed to the bladder; but the voluntary discharge of urine now led us to think differently. At the recommendation of Dr. Finley, who met me in consultation, he was again bled. The loss of eight ounces reduced the pulse and relaxed the system very much. The pain was somewhat alleviated; and after a large dose of denarcotised laudanum, he passed the night in comparative comfort. In addition to the laudanum were given twenty grains of calomel.

24th.—Pain somewhat relieved, when perfectly at rest. Calomel and opium directed to be taken during the day, and the bowels evacuated by enemata.

Evening.—Much worse; pulse nearly imperceptible; extremities cold; no pain, except on pressure;

slightly delirious. During the night these unfavorable symptoms increased, and he died about five o'clock on the next morning. To the last he retained a considerable degree of muscular strength, and within five minutes of his death, he arose from his bed, walked across the room, and poured out a tumbler of water.

Appearances on Dissection.—On opening the abdomen, a large quantity of transparent fluid presented itself—perhaps a gallon and a half—very offensive, and supposed by some present to have a urinous smell: the bladder was ruptured at the fundus, and closely contracted on the pubes; the intestines covered with coagulable lymph, agglutinated to each other, and their peritoneal coat in a state of high inflammation; the mucous surface not altered from the usual appearance; the omentum dark colored, but not gangrenous.

The reader will no doubt be struck with the fact, that the constitutional symptoms in this case were rather those of irritation than inflammation. Although the local symptoms urgently called for depletion, the pulse and the state of the surface neither manifested the usual symptoms of inflammatory action, nor of that depression of the vital powers which accompanies violent visceral inflammation,—bearing, in this respect, a close analogy to the cases of rupture of the duodenum and of the pylorus, reported by Dr. Drake in former numbers of this Journal.

The facility with which the bladder was ruptured is also worthy of notice, and can be accounted for only by the supposition of great distension, and of that pas-

sive state of its contracting fibres which follows as the consequence of a fit of intoxication.

III.

NITRATE OF SILVER IN PHLEGMONOUS ERYSIPELAS.

THE case which follows occurred in the practice of John Hodgson, Esq., Member of the Royal College of Surgeons in London, and Junior Surgeon to the Carlisle Dispensary, and was first published by him in the *Edinburgh Review*. It illustrates the efficacy, in a painful disease, of a remedy to the value of which the profession is too insensible.

Mrs. J., aged 40, of a pale unhealthy aspect, was seized, on Wednesday, the 11th of February, with acute pain of the inner part of the elbow, attended with a diffused redness and swelling, extending downwards along the ulnar aspect of the forearm. On Thursday, when I saw her, these symptoms were more urgent and distressing. She had passed a sleepless night, complaining of shiverings, restlessness, and general febrile disorder. She was ordered purgative medicines, with leeches and repeated warm fomentations to the inflamed part. The disease, however, continued to increase rapidly, both in severity and extent, until Friday morning, when she was visited by myself and Mr. Anderson. We found the limb greatly swollen, tense, and unyielding, of a bright red color, and exceedingly hot. The swelling extended along the inner surface of the arm, from about two inches above to three or four below the elbow-joint, occupying at the same time at

least two-thirds of the circumference of the limb. The absorbent vessels on the inner part of the arm, which, previous to this attack, had been slightly inflamed from the irritation of a scratch, were now also a little hard, and enlarged, but not particularly painful.

It was clear that nothing but free incisions through the substance of the inflamed part, as recommended by Mr. Copland Hutchinson and Mr. Lawrence, could now be of any avail in arresting the progress of the inflammation, and preventing subsequent suppuration and sloughing, unless we chose to adopt Mr. Higginbottom's new practice for the cure of external inflammations,—the application of the nitrate of silver. Having witnessed the efficacy of this latter remedy in several cases of inflamed absorbents, treated by Mr. Earle at Bartholomew's Hospital, in London, I resolved, with the concurrence of Mr. Anderson, to give it a fair trial in this instance. I accordingly applied it freely over the whole inflamed surface. In the evening, when I again visited her, about eight hours after the application, she was considerably relieved, the tense swelling of the part was a little diminished, and, in fact, the state of matters was so much altered, that when the arm was elevated and at rest, little or no pain was experienced. On Saturday, the parts cauterized continued to improve, but the inflammation had extended beyond the part primarily affected, rendering a second application of the remedy necessary. On Sunday, she was much better, but not altogether free from pain. The parts first touched with the caus-

tic had vesicated, and in some places had burst, discharging a watery fluid. On Monday, she was quite well, and could bear pressure on any part of the arm without experiencing uneasiness. She had passed a comfortable night, and was free from all febrile disturbance. The blackened cuticle had begun to separate, and on the Saturday following had all peeled off, the arm having been affected only with occasional itching during the desquamating process.

I am induced to publish this case, first, because I think the treatment pursued, which has been lately recommended by Mr. Higginbottom, is one of very great practical utility; and, secondly, because I believe it has not, in this part of the country at least, sufficiently attracted the attention of the profession. I have used the remedy in other cases of external inflammation—in phlegmon, for instance—and invariably with the same satisfactory result. It has always appeared to me, when applied sufficiently early to prevent the formation of matter, or when not resorted to until suppuration had already commenced, to lessen materially the size of the abscess, and enable it to heal more kindly than one would otherwise have been led to suspect. I have used it also in a case of numerous minute ulcerations of the leg, which were evidently extending by the process of ulcerative absorption. It formed an adherent eschar over the ulcerated surface, under which the ulcerative action was arrested, and the restorative process established and speedily completed.

As in the case related, I have

generally observed the inflammation to extend beyond the part primarily affected, after the nitrate of silver had been applied,—a circumstance which, I think, might be prevented by following the direction of Mr. Higginbottom, to apply the caustic over some distance beyond the part actually inflamed.

Should this remedy be found, by further experience, to possess the same power over inflammation of the veins,—a rare but extremely dangerous affection,—which I have seen it, in several instances, exert over that of the absorbent vessels, it must be regarded as one of the most valuable improvements in modern surgery.

From these and other facts already recorded, no reasonable doubt can be entertained of the nitrate of silver possessing a controlling power over external inflammation. I may also add, we have reason to believe, that, if this new remedy be applied to a part about to take on inflammatory action, the establishment of that process will be effectually prevented.

The terrible effects of punctured wounds, which are often followed by inflammation and all its injurious consequences, have by this means been prevented or moderated. It has long been an application of acknowledged power in punctured wounds received in dissection, and in other circumstances, which are frequently followed by consequences so direful, as to induce an almost general belief in the operation of some poisonous agency. In such cases, it has been supposed to act by destroying or decomposing the poison introduced into the wound;

but I believe its action may now be more rationally accounted for, by its specific influence in preventing and controlling inflammatory action. It has also been long known as a useful remedy in chronic inflammation of the eye, ulcers of the cornea, and those morbid productions of the conjunctival lining of the eyelids, termed granulations. Here, likewise, I conceive it would be much nearer the truth to ascribe its "*modus operandi*" to the same specific influence, than to its stimulating property producing an increased contractility of the capillary vessels, and thus restoring them to their natural actions in the first and second cases, or to any chemical agency on the diseased productions, the result of inflammatory action in the third. Because, from the latter view of the subject, we would be led to expect, not unfrequently, the supervention of acute inflammation, instead of the restoration of natural action,—an occurrence which I believe has seldom or never been observed to follow the application of the nitrate of silver. I call it a specific influence, because I know not how to explain its action. The fact of its power, however, is on this account no less certain; and that it extends to a considerable depth beneath the superficies on which it is applied, is abundantly evident. The power of mercury in arresting the progress of syphilis was never doubted, although its "*modus operandi*" was long unknown, and is still involved in conjecture. The influence of the same remedy over affections of the liver, with a total ignorance of its mode of action, was nevertheless believed as firmly, and acted upon as con-

fidently, as if it had admitted of all the certainty of mathematical demonstration. Why, then, should we hesitate to allow the nitrate of silver that rank in therapeutics, for which abundance of evidence has established for it as just a claim?

IV.

WHETHER ANIMAL DECOMPOSITION IS
PRODUCTIVE OF FEVER?

*To the Editor of the Boston Med.
and Surg. Journal.*

SIR,—Dr. Parsons has not fully considered the kind of answer which I intended to make to his Essay, nor has he rightly quoted my opinions. I do not mean that he has intentionally misrepresented me, for I am sure that he has not.

I will remark first, that I did not say that vegetables under decomposition produce fever. I said that *he* believed so; and I know that many others do. I am not ready to dispute the justice of that opinion, and I purposely avoided expressing my own sentiments. One point is enough at a time; and besides, I am in doubt on that subject.

Second, in proof of the influence of animal matter under decomposition, Dr. P. quoted statements from various sources; among them was one from Dr. Rand. Now I have always found a difficulty in examining such detached statements, where I did not know all the facts bearing on the case. It is like examining a single witness in court. You want to be able to call in the neighbors of the parties in the suit, or all who have any knowledge of the subject of litigation,

and by comparing their testimony the truth may be fully elicited ; and this without supposing the single witness to give false testimony. With these views, I did not inquire respecting all the statements brought forward by Dr. P. Dr. Rand's was the only one respecting which I could readily inquire, and I supposed that Dr. P. relied on this quite as much as on any other. Now if it can be shown that the force of this statement can be destroyed, it might be suspected that the others would not bear a strict scrutiny. Let us inquire once more how this matter stands, and see if Dr. Parsons and I can agree on the matter. It will lead to the development of some general principles ; and as I agree with Dr. P. in seeking truth only, I shall be pleased to have him examine those principles, and tell us if they appear to him false.

In 1798, the yellow fever appeared about Forthill in this town, and extended in different directions ; on one side as far as our market, if I remember right. At this time some persons, exposed to putrid meat and fish, were affected with the fever. So were many more persons, not exposed to the putrid meat. Probably some of those other persons were exposed to vicissitudes of temperature, some to fatigue and watching, &c. These last would be regarded as exciting causes of the disease. I regard the putrid meat as the same. The persons so exposed must have been already disposed to the fever, or these causes would not have produced it. The question is, what was the predisposing cause which had acted upon them ? I do not know what it was, nor have I any

conjecture to offer on that subject. But I think I know where it came from. I think it came from the soil in the district of the town where the disease prevailed, that is, about Forthill. In confirmation of this opinion, I state that fever of the same general character has since arisen in this town three times, and each time it has been in the same quarter, with only this difference, that it has been more closely confined to the neighborhood of Forthill.

Do I say that it is vegetable matter in the soil of this district which gives rise to the cause of fever ? I certainly do not. In the case of marsh miasmata, I do not consider it proved that vegetable matter gives origin to the poison. It is rather probable, however, in my mind, that it does. But it may be that it is the mixture of animal and vegetable matter. Till, however, we can learn something more respecting marsh miasmata than that they generate fever ; till we can learn their physical and chemical characters, I hold it idle to be very positive respecting their precise source. The miasmata which cause continued fever are, if possible, less known to us than marsh miasmata which cause intermittent fever. That is, we do not know the character of the soil from which the former are generated. It would seem that they may be generated from many different soils. A summer or autumnal temperature seems necessary to evolve the miasmata, in most cases ; and the higher that temperature, the more severe and mortal is the fever, *cæteris paribus*. Probably there are other conditions requisite for the development and action of the cause of fever, which

we do not at present even suspect.

Now I hold that the evil of attributing a severe and mortal epidemic to a wrong cause is, that it prevents us from attending to the true one. If yellow fever breaks out in any district, the true course is to move away from that district, and not stay there to hunt for rotten fish or spoiled beef. An exposure to such substances, in such a district, would probably increase the chance of our undergoing the disease. But while I admit this, I would not infer, as some have done, that cemeteries in the midst of a city will produce fever in that city. That would be to make the conclusion broader than the premises.

I trust it will not be concluded, from the foregoing, that I think putrid fish, &c., are not a nuisance in a city or village. They may have some agency in producing fever in those who are exposed to them; and if they do not produce fever, they may produce other diseases.

As to the slaughter houses, I think that Dr. P. throws them aside with too little ceremony. He speaks of the conditions necessary to the evolution of morbid principles from them. Surely, in some of our summers, they are exposed to heat enough. As to the want of rest in the offal, I cannot think it deserves so much weight as he gives to it. The effluvia show that the decomposition is not prevented.

I will only add that I did not state, as my opinion, that the occupation of a butcher is peculiarly salubrious, but that it had been thought so. This opinion would

not be entertained, if it was remarkably otherwise.

Yours, &c.

J. J.

Boston, Dec. 8, 1830.

V.

RED COLOR OF THE BLOOD.

To the Editor of the Boston Med. and Surg. Journal.

Washington City, Nov. 25, 1830.

DEAR SIR,—The cause of the red color of the blood has long been a subject of keen discussion among physiologists, and nothing has hitherto appeared upon the subject at all satisfactory, and against which powerful objections could not be brought.

Dr. Stevens, an eminent physician of St. Thomas, has instituted an experimental inquiry into this subject, which has led to some novel and interesting results. From his experiments it appears:—

1st. That the blood owes its red color entirely to the presence of the saline matter, which is invariably found to exist in it, while in a healthy state.

2d. That the dark color of venous blood arises from the presence of carbonic acid, which, like every other acid, turns the blood black.

3d. That the oxygen of the atmosphere can only affect the color of the blood, inasmuch as it possesses a powerful affinity for carbonic acid, which it takes from the blood by attracting it through the delicate membrane that lines the bronchial vessels, and aircells of the lungs.

4th. That the removal of the carbonic acid from the blood by the action of oxygen, does not

produce a change in its color unless there be saline matter actually present, to impart to it the arterial tint the moment the carbonic acid is removed.

5th. That acids, alkalies, electricity, and everything which destroys the neutrality of saline matter, gives to the blood a dark color.

Whatever practical inferences or change in the treatment of diseases these experiments may lead us to, the idea that the red color of the blood is owing to the saline matter which it contains is entirely new, and no one can deny to Dr. Stevens the merit of hav-

ing been the first discoverer of this interesting fact. He is still prosecuting his inquiries, and his researches upon this and other subjects connected with it promise much to the profession. They will soon be laid before the public in detail. I have had the pleasure of witnessing a number of Dr. Stevens' experiments,—as performed by his own hand,—upon the blood; and so far as I have had an opportunity to examine them, they have been performed with great care and accuracy, and were entirely satisfactory.—Very truly and respectfully,
Yours, THO. SEWALL.

BOSTON, TUESDAY, DECEMBER 14, 1830.

MARSHALL HALL ON THE MORBID EFFECTS OF BLOODLETTING.

WE should deem ourselves deficient in duty to the profession, were we to neglect noticing the republication, at Philadelphia, of Marshall Hall's celebrated researches on the effects of bloodletting.—The practice of bloodletting has, in times past certainly, been adopted to an extent and with an indiscriminateness altogether shocking to those who regarded it with a judicious and unprejudiced mind. Scarcely a disease, but the first of all remedies was venesection—full and thorough venesection; so that whatever doubt might rest on the subsequent course of treatment, this *introduction* was considered right of course, and practised almost without a thought or imagination that it could do harm. For ourselves, we have ever looked upon this mania for bloodletting as

altogether unaccountable, and an evil which must in time be generally perceived and avoided. We have been more than once under the painful necessity of declining to adopt this mode of treatment, when it has been recommended in consultation, and felt a conscience much clearer with a rusty, than with a worn-out lancet in our case. It is therefore with the most heartfelt pleasure we find a man so justly distinguished for an enlarged, observing and discriminating mind, coming forward with so much ability and truth, and pointing out with distinctness, and illustrating by ample experience, "the remarkable difference in the degree of tolerance and intolerance of loss of blood in different diseases, the equal danger of an inefficient and undue use of the lancet, and the rule which may be adopted to obviate this danger."

The author also gives us clear and

strong illustrations of the distinction to be made between diseases of *inflammation* and those of *irritation*, and dwells upon the great importance of keeping this distinction in mind, in the daily practice of physic.—He adduces, in addition to his own experience, in confirmation of these views, that of Dr. Abercrombie, Dr. Kellie, and Dr. Copeland, Mr. Travers, Mr. Brodie and Mr. Cooke—names well and honorably known to the profession, and whose opportunities for observation are great as their ability.

Of this work of Mr. Hall we shall attempt no analysis, as we can scarcely find the sentence which can well be spared. It is divided into two parts—the first on the immediate morbid effects of the loss of blood—such as syncope, convulsions, delirium, coma, and sudden dissolution, and its more remote bad and fatal consequences;—the second on its curative effects; to which last are added some observations on the use of purgatives, opium, brandy, &c. Besides the very clear, thorough, and practical illustration of these subjects, there are appended to the volume several chapters on others connected with them.

The *rule* above referred to is this:—Where it is judged necessary to bleed, place the patient in an erect posture, and then allow the blood to flow ad deliquium. If the disease be of an active inflammatory character, then a large quantity will be evacuated before deliquium occurs;—if, on the other hand, it be a disease of irritation, then very little blood will escape. Dr. Hall does not

intend, by offering this rule, to convey the idea that *in all cases* it will be safe to bleed, provided the patient be in an erect position; but merely that in those cases where we judge, from the apparent symptoms, that venesection is proper, the adoption of this rule will test the correctness of our opinion—if right, teach us how far an effectual mode of relief may and should be carried; and if erroneous, prevent a very serious and perhaps fatal course of treatment. So, in the repetition of the lancet, this rule will guide us as to its frequency as well as extent; for this should be greater in proportion to the tolerance of the loss of blood in the previous operations.

TREATMENT OF NERVOUS DISEASE.

As there is no class of diseases more embarrassing to the practitioner, than those which are usually connected under the name of nervous, so there are none the treatment of which may reflect more credit on the successful attendant, in proportion to the actual energy of the remedies employed. Whether the latter circumstance is, to the physician himself, an equivalent for the former, we shall not at present inquire; but it may be interesting to consider some of those facts which go to show the part which the mind takes, both in the production and the cure of this class of maladies, and the degree in which mental influence may be supposed to have entered into the most successful modes of treatment hitherto adopted. We are far from suppos-

ing, indeed, that the influence of mental emotions is limited to affections purely nervous. On the contrary, we have reason to think that the balance between fear and hope often decides the favorable or unfavorable termination of fever; and there are instances where a sudden shock to the nervous system, such as that of fright, has been the means of removing even structural disease. Thus a patient perfectly motionless from rheumatism, has been known to recover the entire use of his limbs under the terror of a threatened conflagration; and we are told, by some writer, of a person, who, being threatened with an operation for emphysema, ran away in a fright, and returned at the end of three weeks with the disease entirely removed.

It is, however, in diseases of the class already referred to, and which are independent of any change of structure, that this principle is rendered particularly evident. As three diseases very different in their degree of importance, but in all which the influence of the mind is obvious, we may take convulsions, chorea, and psellismus.

As respects the first disease, we are told of a case in which convulsions became almost epidemic among the female patients of a hospital ward, by means of the example of one of their number; nor were any means found adequate to check its progress, till the threat of actual cautery being applied to the next in whom it occurred, and the exhibition of the requisite means in the centre of the ward, produced a sudden and general cure. Chorea, as is well

known, is most easily communicated by example, and often ceases on the removal of its cause. Stuttering—another modification, though slighter, of spasmodic disease—is remarkably subject to the same law; since it is caught with great facility from example, and is often removed by the aid of a little resolution on the part of the patient. Of the last fact, the celebrated Greek orator is an illustrious example; and we are much inclined to think that an equal motive, and the same perseverance, would remove this disease in the majority of cases. Finally, to descend to affections scarcely termed morbid, we have hiccough, yawning, and immoderate laughter; all which are yielded to as seemingly uncontrollable, but all easily subdued by a strong effort of the will, and often checked at once by any powerful mental exertion.

Of the two principal diseases above mentioned, some cures are lately mentioned in the journals, which we think are in part to be explained by reference to the principle under consideration. One of the methods alluded to, is that adopted by the Surgeon of the Hôtel Dieu in chorea, and consists in immersing the patient—who, for this purpose, is seized by the shoulders and feet—in cold water, and repeating this five or six times in the course of fifteen minutes. After this process, the patient is wiped dry, and is made to take violent exercise for half an hour to an hour. The sensation, as we stated last week, is very disagreeable; but at the end of a few days an evident improvement takes place, and

in the course of from two to four weeks many patients have been wholly cured. Now, without pretending to doubt the truth of this account, or the excellence of the remedy viewed as a tonic, we cannot but think the fear of a daily ducking like that above described, must form a material addition to the means of cure, and must tend considerably to abridge the time which is necessary to complete it.

Whether any similar cause would be likely to promote the efficacy of the following treatment, we leave to our readers to judge. It has, however, been found singularly successful in epilepsy, in the hands of a certain Dr. B., practising at Versailles, near Paris. The following are the particulars of the course pursued, the greater part of which is certainly judicious.

I. *Preparatory Measures.*—1. Venesection ad pedes 3ij. 2. Four days after the bleeding, ant. tart. gr. i. 3. Four days after the emetic, ol. ric. 3i. 4. Four days after the oil, hyd. subm. gr. iv.

II. *Treatment.*—In the morning fasting, aq. laur. cer. gtt. xx., increasing, by one drop every morning, to lx., and then continuing without change. 2. At bedtime, pulv. artemis. fol. 3ij. 3. Moxas applied over the spine from the neck to the sacrum, one every fifteen days. 4. A magnetic bracelet worn constantly on the left arm, and pressed strongly against the side when an attack appears approaching. 5. Friction to the lower extremities with ether.

III. *Regimen.*—1. Flannel next to the skin, and daily sea or river

bathing, by immersing the head first. 2. Exercise in the open air. 3. To avoid all causes of excitement, as violent changes, late hours, theatrical amusements, amatory reading, and all exhausting or debilitating pleasures. 4. To eat only vegetables, and drink only water.

CITY VACCINATION.

THE city authorities having, through the Mayor, requested the opinion of the "Boston Medical Association" what measures, *of a permanent character*, it is expedient to adopt in order to arrest and prevent the spread of smallpox, the subject was laid before the Association at a special meeting held on Friday last at the Medical College. It was then voted to refer the subject to a committee of five, to consider and report at an adjourned meeting to be held on Thursday, the 23d inst. Drs. Jackson, Randall, Geo. Hayward, Dixwell and Channing, were appointed said Committee.

In order to meet any present emergency, and give effect to any measures which may have been already taken by the City Government, it was voted, on motion of Dr. Jackson—

1. That a Committee for Vaccination shall be appointed, which shall consist of all such members of the Association as shall express their consent to belong to it, and that that consent shall be expressed to the Secretary within one week.

2. That this Committee shall vaccinate gratuitously all persons who shall be designated, by the Mayor or other City Officers, as proper subjects.

3. That this Committee shall not enter on the business of vaccination until a fortnight from next Monday.

4. That the names of the Committee above named be communicated by the Secretary to the Mayor, and that, through him, the City Government be requested to adopt the following plan, viz :—That said Government divide the city into as many sections as there may be members of the Committee; that the said sections be designated by numbers; that the numbers be assigned to the members of the Committee by lot; and that the said members be considered bound in honor to perform the duties assigned in their several sections respectively; but that the individual members be at liberty to exchange their sections, in any cases where they can be mutually accommodated by so doing.

5. That the Secretary communicate a copy of these votes to the Mayor.

GERMINATION UPON MERCURY.

M. J. PINOT read to the Academy of Sciences, of Paris, a memoir, in which he certifies that a grain of *Lathyrus odatus*, after being steeped in water, was placed on mercury covered with a very little water; that the germination proceeded as usual, and the radicle descended into the mercury to the depth of eight or ten lines. Having placed this grain in a state of suspension and equilibrium above the surface of the mercury, the radical descended into the metal in the same manner, though the least resistance seemed as if it would disturb the equilibrium which maintained it.

Bib. Univ.

Hydrophobia.—Three cases of the cure of this formidable disease, by friction with mercurial ointment,

one of them at forty days after the bite, when slight symptoms of the disease, attended with spasms, had become manifested, are described in the *Bib. Univ.*

Lightning Rods.—It is proposed by John Murray, of London, in a recent treatise on Atmospheric Electricity, that every lightning rod should be composed of four wires, each one fifth of an inch in thickness, bound together by rings of copper. This compound rod should extend several feet above the highest part of the building, and at the top each wire should branch out at an angle of 45 deg., and end in a point. The rod should be fastened to the building by wooden clamps. At two feet from the ground, it should incline outwards; and on entering the earth, each wire should branch out again, and terminate in a moist situation. In order to preserve the rods from oxidation, he recommends that, before they enter the ground, they should pass through a cylinder of zinc.

The author supposes that an extensive multiplication of these rods might have an effect of meliorating the climate; and also that, in hop fields, wires of copper, made to project upwards from a sufficient number of the poles, would operate as a preservation against that dampness which, by weakening the vegetative powers of the plant, invites the attacks of the Aphis or fly, which so often proves destructive.—*Rev. Encyc.*

Revised Pharmacopœia.—On our 212th page, we gave an account of the Convention held in April last at Washington, for the purpose of revising the Pharmacopœia of the United States. We learn that the revised edition is almost through the press, and will shortly be offered to the Profession.

Whole number of deaths in Boston the week ending December 3d, 13. Males, 6,—Females, 6. Stillborn, 1.

Of infantile, 2—dropsy, 1—apoplexy, 2—typhous fever, 1—liver complaint, 1—suicide, 1—unknown, 2—consumption, 2.

ADVERTISEMENTS.

WILLIAMS ON DISEASES
OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.

Dec. 6.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

COOPER'S SURGICAL DIC-
TIONARY.

THIS day received by CARTER & HENDEE—A Dictionary of Practical Surgery. Comprehending all the most interesting Improvements, from the earliest times down to the present period. An Account of the Instruments and Remedies employed in Surgery, &c. By SAMUEL COOPER, Surgeon to the King's Bench, &c. From the 6th London edition, revised, corrected and enlarged. With numerous notes and additions, embracing all the principal improvements and greater operations introduced and performed by American Surgeons. By DAVID MERIDITH REESE, M.D., Licentiate in Surgery and Midwifery.

Oct. 19.

HALL ON LOSS OF BLOOD.

THIS day received, by CARTER & HENDEE, "Researches, principally relative to the Morbid and Curative Effects of Loss of Blood." By MARSHALL HALL, M.D. F.R.S.E.

Dec. 6.

NEURALGIC DISEASES.

A TREATISE on Neuralgic Diseases, A dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS
AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS, Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

ABERCROMBIE ON DISEASES
OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MA-
NUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

I.

INFLUENCE OF THE CLIMATE OF ST. AUGUSTINE, FLORIDA, ON PULMONARY AFFECTIONS.

By JOHN C. WARREN, M.D., Professor of Anatomy and Surgery in Harvard University.

To the Rev. Dr. Porter, Theological Seminary, Andover.

DEAR SIR,—Having learned that the state of your health caused you to visit St. Augustine, in Florida, I beg leave to propose some questions in regard to the influence of the climate of that place on pulmonary affections. Physicians in this vicinity are often much at a loss, in deciding between the climates of Havana, St. Croix, and other places in the south, which may, on the whole, be preferable. I would, therefore, beg leave to avail myself of your personal experience on this subject, for my own benefit and that of others, in asking your opinion as to the climate of St. Augustine generally, and as to some particular points, which I will state :—

1. What is the common temperature of St. Augustine in the winter and spring months ?
2. The range of the thermometer in these months ?
3. The fluctuations of the thermometer as to their suddenness ?
4. The degree of humidity of the atmosphere ?

5. The frequency of cloudy, rainy, and of clear weather ?

6. The predominant winds, and whether they blow over sea or land ?

7. The character of the surrounding country—especially as to collections of fresh water, and slow streams of water ?

Generally, whether you consider that climate favorable to pulmonary complaints, and to any other chronic affections ?

The accommodations for the sick, and whether there is a physician residing there ?

The population of the place. Its supply of articles of food, especially vegetables and fruits ?

I am aware that it may not be in your power to answer all of these questions fully ; but any information you can give respecting them will be valuable to the public, and will confer a favor on,

Your very respectful friend and servant, JOHN C. WARREN.

Boston, Sept. 8th, 1830.

To J. C. Warren, M.D., Professor of Anatomy and Surgery in Harvard University, Boston.

My dear Sir,—I regret that urgent official engagements, incident to the close of our academical year, have unavoidably delayed, till this time, my reply to your inquiries respecting St. Augustine. I well know the sacrifices and solicitude of an invalid, compelled to seek

refuge from the northern winter ; and am aware that, for the coming season, not a few, in these trying circumstances, must speedily make up their decision on a question deeply interesting to themselves and their friends. I know, too, from personal experience, and from the testimony of eminent physicians, in Europe and in this country, that the choice of a proper residence for pulmonary invalids, in winter, is a subject environed with difficulties ; and that these difficulties are most felt by those gentlemen, in your profession, who are most frequently called upon to give advice in these cases. The personal obligations which I have long been under to yourself, and the slightest hope that any advantage may accrue to others who need your professional advice, induce me most cheerfully to answer the inquiries of your letter in the best manner I am able.

I enclose to you an abstract from the meteorological diary kept at the military post in St. Augustine, which I procured in anticipation that I might apply it to some useful purpose. This abstract, which was obligingly made for me by A. Anderson, M.D., I presume is accurate, with the exception perhaps of one or two mistakes, which I suspect were made in transcribing the figures ; and this alone is a better answer to some of your questions than any other I could give.

To the first and second questions, this table, I presume, furnishes an adequate reply. During the fifty months for which it was kept, including four winters, the thermometer in no case sunk below 42 deg. of Fahrenheit,—except that in 1829, the coldest winter perhaps ever known at St.

Augustine, it sunk once, in January, to 28 deg. ; in February, to 30 deg. ; and, in March, to 36 deg. The same temperature is denoted by vegetation as by the thermometer. The tropical products, such as sugar-cane, figs, and oranges, grow there in perfection, and garden vegetables thrive during the winter months.

As to *suddenness of fluctuation* in the thermometer, the monthly mean temperature of the table shows that the climate is much more equable than can be found anywhere north of Florida. Instead of the violent transitions of 30 degrees in 24 hours, which are not very uncommon in New England, and even in South Carolina, it is rare that a change of 10 degrees in the same day occurs in St. Augustine.

As to *humidity* of the atmosphere, I cannot answer with as much precision as I could wish, having seen no barometrical observations. The soil, being sandy and calcareous, is remarkably absorbent ; so that after the heaviest shower, within an hour, perhaps, there is no appearance of water in the streets. The air is certainly not as dry as that of our elevated grounds in New England, during the driest parts of our winter or summer ; but the dampness that does exist with us is much more deleterious to health. In St. Augustine, it is common for ladies to sit or walk in the evening air, without any covering to their heads, and yet without harm. This is probably owing to the fact, that the dampness is much like that on ship-board in the gulf-stream, which passes near the shore of Florida, and renders its air mild, equable, and tonic. The consequence is, that what we mean by

influenza is almost unknown there, and *common colds* are very harmless, generally passing off in a short time.

Besides the answer to the fifth inquiry contained in the table, I add, that, in distinction from our northern latitudes, as well as those of the West Indies, St. Augustine has no *long storms*, and no *rainy season*. Sometimes it has a violent storm of 24 or 30 hours, but rain generally falls in *showers*, succeeded by fine, fair weather. I have not found any meteorological tables by which I could satisfactorily compare the climate of the West Indies, or Italy, or the south of France, with that of St. Augustine, as to the number of fair days in a month. As to our own country, the only document to which I have access, of sufficient extent and accuracy to be relied on, is a register of weather, kept for 25 years, at and near New Haven, Conn. This gives an average, for the whole time, of about thirteen fair days in a month; whereas the average at St. Augustine appears to be about twenty-two. And were the comparison limited to the worst months in our climate, it would be much more encouraging to the migration of northern invalids. For example, according to the St. Augustine table, the number of clear days in March, as given for different years, is thus—24, 27, 20, 27; whereas, according to the New Haven Register, in three out of four successive years, March had but eleven fair days, and twelve in the other.

The *predominant winds* are from some point of *east*,—and, coming from the main ocean across the gulf-stream, possess a vitality, and a genial softness, very exhilarating to the invalid. There are, howe-

ver, occasional seasons of sharpness, rendering a little seclusion among the orange groves, better than lodgings immediately on the shore.

The *surrounding region*, on the land side, is flat, but sandy. No marshes or stagnant streams are sufficiently near to vitiate the air of the city; yet I observed that when the wind blows from west or southwest, delicate people are more indisposed than when it blows from the eastward.

For *pulmonary complaints*, where there is no fixed organic disease, I think the climate eminently favorable. I think so, because I have seen its favorable influence in many cases, and have heard of it in many others. But if disease of lungs has made such progress that change of structure is begun, a more interior and less tonic air, I presume, would generally be better. The air of the city, however, has proved remarkably restorative in some cases of apparently regular consumption. In cases of dyspepsia, and other chronic affections, all the advantages may be expected here, that may be looked for anywhere, from a mild, pure, elastic atmosphere.

The *want of good accommodations*, particularly rooms for the sick, has heretofore been a subject of much complaint. This inconvenience was seriously felt the last winter, especially after the number of stranger invalids increased from sixty to eighty; and these from nearly every State, from Georgia to Canada. The houses are mostly in the Spanish style, old and uninviting. The spirit of building and repairing, however, which prevailed last season, will provide very comfortable lodgings, I presume, the coming

winter, for most who shall need them. The want of fire-places has begun to be remedied, in the more ancient rooms, by the introduction of stoves. There is no deficiency as to medical advice, several respectable physicians residing in the city; one of whom, Dr. Anderson, has had much experience, in New York, as physician to the "Infirmity for diseases of Lungs," and who has exchanged his residence for the benefit of Mrs. Anderson's health.

The *population* of the place has been estimated sometimes at two thousand, and sometimes at three thousand five hundred. The returns of the late census I have not seen.

My own restricted habits as to diet, render me incompetent to judge how far men who are fond of *free living* would be satisfied at St. Augustine. I heard some complaining, but remembered that invalids from home are often querulous, and oftener still injudicious as to the variety and richness of food which they demand. Bacon, poultry, pigeons, venison, excellent fresh fish, sweet potatoes and other garden vegetables, may be had in sufficient quantities. I saw no reason for complaining as to food, except that milk is inferior and rather scarce. The water too is inferior, though not unhealthy. The principal fruit is the sweet orange, which grows in abundance, and in the highest perfection. The price of board is about a dollar a day, and washing fifty cents a dozen.

The actual health of St. Augustine speaks much for its climate. In nearly three centuries, since its settlement, it is said but one instance of malignant fever has been known; and that is as-

cribed to the indiscretion of the Americans, on the transfer of the country to the United States. The present American population comprises a number of very respectable families, which are constantly increasing. A Catholic, a Presbyterian, and a Methodist church, are erected, and one for Episcopal worship is in contemplation.

But for incessant interruptions in writing the above statement, it would have been more valuable both for exactness and brevity. Probably the interior of Cuba or Santa Cruz may have some advantages, as a winter climate, over Florida; yet, after thorough inquiry, and having been once at Havanna myself, I preferred St. Augustine: because its language and government are those of my own country; because its facilities of intercourse with one's friends, by water and by mails, are a great convenience; and because it is easy of access, compared with any foreign residence. My passage was five days from New York to Charleston, and thence to St. Augustine twenty-five hours; returning to Charleston, two days. Three good packets ply between the two cities; the passage varies with the weather, from one to four and even six days.

I will close this long communication, by hinting at several mistakes which I have observed to be often committed by those who travel for pulmonary complaints.

1. Deferring a change of climate till organic disease has fixed on the lungs, and then with glimmering hopes, and at immense sacrifices of comfort, migrating southward only to expire among

strangers. Several persons who died last winter, soon after their arrival in Florida, might have lived longer, probably, though under the sufferings of a hopeless malady, amid the comforts of a northern home.

2. Going southward only a few degrees of latitude, and stopping to winter amidst rain, and sleet, and mud. In my opinion, it is better to remain on a steady *terra firma* of frost, with a dry atmosphere, or to go beyond frost.

3. Going to the *sea-coast* of the southern States. The up-country of South Carolina and Georgia, except in rainy seasons, presents a fine winter climate to the northern invalid, if he is properly careful to guard against violent transitions of temperature. But it is a great mistake to suppose that the corresponding latitudes on the sea-coast, because warmer, must be more favorable to diseased lungs. This delicate organ, when predisposed to irritation, is certainly injured by the great *humidity* of what southern physicians often term the *malaria* country of the south. Charleston, for example, besides other and great attractions to strangers which it possesses, has an excellent climate for good constitutions, but is by no means a proper residence for consumptive persons. The same thing is true, probably to a smaller extent, of Savannah, and, to a considerably greater, of New Orleans.

With great respect, I am, dear sir, yours, &c. E. PORTER.

P. S.—Of St. Mary's, which is about seventy miles north of St. Augustine, I have no personal knowledge; but have been informed, on good authority, that its climate is nearly as good as

that of St. Augustine, and its accommodations better.

Theological Seminary, Andover, October, 1830.

Saturday Morning, Oct. 3d.

Dear Sir,—I send this the first moment I could find to prepare it. If you think proper to publish it, as your note intimates, I have no objection, especially as it may save me a particular answer to some scores of inquiries. In that view I return your own letter, as you may have no copy.

Yours, &c. E. PORTER.

The following is an extract from a meteorological diary, kept at the hospital department of the United States' army at St. Augustine, made by Dr. Anderson.

The observations were made daily at 7, A.M., 2, P.M., and 9, P.M. The mean temperature is made from the general diary.

The foregoing epistles, with the table which will be found on our next page, were published in the last number of the *American Journal of Medical Sciences*, and will be deemed authentic and valuable records on a subject of deep interest to the faculty and the community. Many months ago, we published a communication on the same subject by Dr. Anderson, who is referred to by Dr. Porter, and whose statements are confirmed by the observations of the gentleman last named. Should the hopes thus raised of the salutary influence of the climate of St. Augustine, in those disorders which are the bane of our northern latitudes, be fully realized, one of the greatest objections to travelling, in such cases, will be removed.

Diary.

Months.	Highest.	Lowest.	Mean Temperature.			Winds.	Number of Fair days.
			7 A.M.	2 P.M.	9 P.M.		
1825.							
August - -	94°	80°	82°	83°	85°	S. W.	19
September - -	87	76	75	80	76	N. E.	14
October - -	86	58	76	86	80	N. E.	22
November - -	76	53	62	69	65	N. E.	20
December - -	76	42	60	75	52	N. E.	26
1826.							
January - -	68	44	52	55	54	N. E.	19
February - -	77	52	60	79	65	N. E.	17
March - -	80	62	66	71	70	S. E.	24
April - -	84	60	72	85	83	S. W.	24
May - -	82	74	77	80	67	S. W.	27
June - -	88	80	81	81	81	N. E.	22
July - -	92	80	80	86	83	N. E.	21
August - -	90	76	81	84	80	N. E.	18
September - -	89	73	77	78	80	N. E.	21
October - -	83	61	70	96	64	S. E.	24
November - -	80	52	60	64	70	N. W.	15
1827.							
April - -	86	66	68	71	66	S. E.	21
May - -	85	64	72	77	72	S. E.	20
June - -	91	72	75	80	76	S. E.	23
July - -	93	78	82	86	82	S. E.	14
August - -	91	75	81	83	82	S. E.	25
September - -	96	75	70	80	71	N. E.	16
October - -	86	60	70	76	67	N. E.	23
November - -	76	48	58	68	63	N. W.	21
December - -	76	44	66	67	62	S. E.	21
1828.							
January - -	83	46	63	70	66	S. E.	18
February - -	84	52	67	70	61	S. E.	19
March - -	82	50	52	63	61	S. E.	27
April - -	84	50	66	72	58	N. E.	24
May - -	90	71	74	76	74	S. E.	24
June - -	80	74	79	84	80	S. E.	14
July - -	90	76	68	75	71	S. E.	15
August - -	87	77	80	84	95	S. E.	13
September - -	85	70	77	82	79	S. E.	14
October - -	80	60	69	75	69	N. E.	15
November - -	81	53	60	69	64	S. E.	24
December - -	78	61	60	70	64	S. E.	13
1829.							
January - -	68	28	53	65	56	N. W.	24
February - -	77	30	53	60	52	N. E.	13
March - -	76	36	53	64	56	N. W.	20
April - -	74	52	61	70	66	S. E.	27
May - -	82	63	67	76	62	S. E.	9
June - -	94	70	77	84	80	S. W.	18
July - -	89	75	78	84	83	S. E.	14
August - -	91	76	81	85	83	S. E.	23
September - -	86	72	77	82	78	N. E.	15
1830.							
January - -	68	46	56	61	59	N. E.	27
February - -	76	46	57	63	58	N. E.	23
March - -	80	50	62	68	65	S. W.	27

II.

POISONOUS GASES.

Case of Death from inhaling Nitrous Ether Vapor.

From the Midland Med. and Surg. Reporter.

ON the 31st of March, an inquest, of an interesting nature, was held on the body of Elizabeth Stevens, at the house of Mr. Thomas, druggist, Hay, Breconshire, before the coroner, C. Ekins, Esq. The deceased lived in the service of Mr. Thomas, and went to bed in perfect health the night previously; but did not rise at her usual hour in the morning, in consequence of which, one of the family went to call her, but found the door fastened, which being broken open, she was found dead, lying on her right side, with the arms folded across the breast as in profound sleep, and the features not at all disturbed.

Medical assistance was immediately procured; and as the material facts of the case were given by the medical attendants, before the jury, we shall give the result of their examination, and make such remarks as the circumstances seem to call for.

Richard Proctor, surgeon, being duly sworn, stated that he, jointly with Mr. Hathaway and Mr. Henry Proctor, opened the body of the deceased, and found the coat of the stomach of the deceased a little inflamed, with a small quantity of fluid in it, not exceeding one ounce; there did not appear to be any gritty substance in the stomach. The intestines leading from the stomach appeared turgid. On further examination, the uterus appeared enlarged, and its outer coat highly vascular. On its being opened, it was found to contain a male

fœtus, indicating that she had been pregnant about three months. Witness further stated that he saw the deceased soon after the body was discovered, and remarked that a large jar, containing upwards of three gallons of spirits of nitrous ether, was broken, and the contents spilt about the room; and the room being small, and the atmosphere being highly impregnated by the said spirit, witness was of opinion that it was sufficient to have caused the death of the deceased.

Mr. Henry Proctor stated that he was present at the examination of the deceased, and concurred with the former witness in his opinion as to the cause of death.

Mr. Nicholas Hathaway, surgeon, stated that he was present at the examination of the deceased, and found the stomach and uterus in the state described by the first witness. He was further of opinion, that the impure atmosphere of the room, caused by the evaporation of so large a quantity of spirits, may have produced death, as the lungs were found in such a high state of congestion, as to prevent the passage of air through their cells. The witness could not account for the inflamed state of the stomach.

The verdict of the jury was, that the deceased died in consequence of the effluvia arising from the nitric ether, as described by the evidence.

Observations.—It is much to be regretted that in this very rare, and, we believe we may say, unparalleled occurrence, the examination of the body was confined to ascertaining the state of the lungs and stomach. The condition of the brain, the heart, and

of the whole alimentary canal ; the state of the blood, and also the appearances of the surface of the body, should undoubtedly have been mentioned, not only with a view of answering the great ends of the inquiry for which the jury was summoned, but also to throw light upon an important toxicological investigation.

There can, however, be no doubt, that the state of the body in this instance, so far as the examination of the lungs was carried, corresponded with the morbid appearances left in the body after poisoning by carbonic acid gas. Dr. Schenck, medical inspector of Siegen, in reporting two cases of death caused by the vapors of burning wood, notices paleness of the countenance as a singular accompaniment of cerebral congestion ; and calls the attention of medical jurists to the extreme calmness of the features as a general character of this variety of poisoning. The lungs, too, in all these cases, are distended with black fluid blood ; but in addition to this, according to Portal, the vessels of the brain are gorged, and the ventricles contain serum.*

In Wildberg's collection of cases, there is a report on two people who were suffocated in bed, in consequence of the servant having neglected to open the flue trap when she kindled the stove in the bed-chamber ; and in each of them Wildberg found all the appearances described by Portal. Mertzdorff has related a case of death from the cause, in which, together with the preceding appearances, an effusion of blood was found between the arachnoid and pia mater, over the

whole surface of both hemispheres.*

We cannot, for a moment, hesitate in believing that the spirit of nitrous ether is capable of producing, when inhaled largely, fatal consequences ; as its vapor is known to exert all the influence of a powerful narcotic poison upon the system ; and we have recently heard of an instance where sulphuric ether—whose action is said to be less powerful—being inhaled by a stout man, produced nearly fatal consequences. In this instance, the young man, by breathing for some time the vapor of sulphuric ether, fell into an insensible state, and remained almost apoplectic for some hours, and doubtless would have died had he not been removed from the situation in which he was inhaling the poisonous gas. As, however, the coexistence of inflamed stomach and pregnancy, in the case under consideration, was a circumstance in itself likely to raise suspicions as to the manner in which the deceased came by her death, it became the more necessary for the medical witnesses to show, 1st, that in every particular disclosed by a careful examination of every part of the body, the truth of their evidence was borne out by the investigations of previous examples where poisonous gases had occasioned death ; and, 2dly, that no morbid traces were discoverable, which indicated that any narcotic, or other poison, had been swallowed.

We may here hazard an opinion we have long held, that the inquest system of this country does not work well. Had such a case

* See Dr. Christison on Poisons, p. 602.

* Consult Dr. Christison on Poisons, p. 603.

as the foregoing occurred amongst our continental neighbors, a full and minute report would have been made of all the particulars connected with it ; and nothing would have been left to conjecture, which a patient chemical and anatomical investigation could have disclosed. To the neglect, in this country, of this kind of medico-legal investigation, may be attributed the meagre reference to works in our own language on these important topics ; whilst our neighbors, both in France and Germany, have succeeded in collecting together a large store of materials, the fruits of long-continued labor, and indefatigable research. At this time, when our legal institutions are undergoing a strict scrutiny, which, in some instances, has led to wholesome reform, it is well worthy the consideration of our enlightened statesmen and lawyers, whether some material improvement might not be effected in the mode of conducting inquiries before the coroner.

III.

CASE OF DIVISION OF THE RIGHT CAROTID ARTERY, SUCCESSFULLY TREATED.*

To Dr. C. Hastings.

SIR,—I have the honor to acknowledge the receipt of yours of the 28th ult., and feel great pleasure in transmitting the particulars of the case you allude to, for insertion in your valuable publication.

A poor man, named James Hancock, æt. 24, resident in this neighborhood, having been engaged and detected in an intrigue

of gallantry, labored under depression of spirits, and thrice attempted suicide by hanging,—in consequence of which, fears were entertained by his family that he would again resort to some mode of self-destruction, and probably a more effectual one. On the evening of the 18th of May last, the man borrowed a razor from a neighbor, for the purpose, he alleged, of shaving himself. His parents, having received information of this, watched him the more closely, and observed him going into an adjacent apartment, where he put his intentions into execution; but his courage failing him, he immediately ran into the room where the family were, pressing with all his might on the bleeding vessel.

This occurred about eight o'clock, P. M., and happening to be at a house within a few yards, I was with him instantly, and found he had made *two* incisions, in a transverse direction, the one about half an inch above the other; the uppermost and first incision extended from the left side of the throat, over the *pomum adami*, for about two inches ; and the other, about three inches in length, cutting deeply into the trachea, and terminating immediately after dividing the right carotid artery and jugular vein : the artery was bleeding profusely, and the stream of blood was of about the circumference of a swan shot. I lost no time in securing the artery by means of a ligature, although it had receded considerably under the integuments. About a *minute and a half only* had elapsed betwixt the perpetration of the desperate act, and the securing of the artery. Nevertheless, the hemorrhage was excessive, and

* From the same.

in this short space of time, an amazing quantity of blood was lost. The man was now apparently dying; his respiration laborious and protracted; eyes glazed; pulse nearly imperceptible, and a cold diaphoresis exuded all over the surface of the body. I immediately exhibited diffusible stimuli; had his feet put in warm water, and used all means possible to produce reanimation. When vitality was again manifest, I with great difficulty applied sutures to the incisions, owing to the hacked and ragged state of the parts. Having, at length, succeeded, and applied adhesive straps, I discovered venous blood oozing from the right jugular vein—I imagined—but it soon ceased. I ordered him weak brandy and water at intervals, and as soon as possible removed him to bed, taking care to secure his head from falling back, and so tearing the wounds asunder. I visited him at half-past ten again, and found him rather feverish, at the same time very weak. Discontinued the brandy and water, and, as his bowels had not been moved for two days, administered olei ricini 3vi., and gave a mixture of tincture of henbane and camphor julep every three hours.

I saw my patient at ten o'clock on the following morning, when he complained of pain in the head and drowsiness. The bowels had been freely open; tongue enveloped in a white coat; pulse weak and quick; considerable pain in the larynx and summit of the trachea; the wounded parts highly inflamed; deglutition extremely difficult; feet and legs cold as death, to which were applied heated bricks; and I ordered an antiphlogistic lotion to the throat

externally, composed of tincture of opium, acetate of lead, and water.

I now began to fear that his constitution would not recover from the shock it had sustained, and, as he was gradually becoming more debilitated, I exhibited, every hour and a half, ether, laudanum, and camphor julep; and occasionally sago, with a little sherry in it. He now began to recover strength, and at four, P. M., I found him much better, and the pain completely removed from his head. A glow of heat diffused throughout the system, and pulse considerably elevated and more full. Discontinued the draught, and, from that time, gave him saline medicines principally, with calomel and opium at bedtime occasionally.

On the 20th I removed the dressings, and found the parts in a most healthy condition, and generating a "laudable pus," the inflammatory symptoms having considerably abated. The proper dressings, and the application of the above lotion occasionally, together with a proper attention to regimen in diet, exercise, &c., produced a salutary effect, and the man is now perfectly recovered, owing his life entirely to the immediate assistance rendered; and I have no doubt but that, in half a minute longer, he would have died from loss of blood. He is, however, now quite well, retaining the cicatrix as the only visible demonstration of his imprudence, and, as it were, showing a conspicuous beacon in warning any who may have been inclined to follow his course, to avoid the shoals of dishonor and profligacy, which are the too frequent instigators of the act.

I am, Sir, with much respect,
Yours, most obediently and obliged,
C. B. GARRETT.

IV.

CASE IN WHICH A LARGE DOSE OF TINCTURE OF FOXGLOVE REMAINED AN HOUR IN THE STOMACH.

Communicated for the Boston Med. and Surg.
Journal,

By CHANDLER ROBBINS, M.D.

It was in the forenoon that I prescribed half an ounce of the Tincture of Foxglove, for a patient in Sea Street—directing him to take fifteen drops twice a day. He procured the medicine of Mr. White, one of our best apothecaries, and took the first dose as directed. In a short time it produced an uncomfortable degree of dizziness, attended by pallor of the countenance, so that he concluded he would take but ten drops in the evening. Before the evening came, however, at about 2 o'clock, P. M., an acquaintance of this man, becoming exasperated, by some circumstances unimportant to the case, seized the phial of Tincture of Foxglove, and, supposing it to be laudanum,

placed it to his lips and—by way of revenge, I presume—swallowed the whole, before any of the bystanders had time to interfere.

My patient came to me in great agitation, supposing that if so small a quantity was so efficacious on himself, the remainder must be fatal to his friend, and requested my attendance. At a quarter before 3, a drachm of sulphate of zinc was administered, which operated well at 3. The same dose was then repeated with effect; and a large portion of castor oil terminated the treatment.

It is not a little remarkable, that although half an ounce of the tincture—less than 15 drops—was an hour in this man's stomach, the frequency of his pulse was not affected, the pupils in no degree dilated, he confessed no vertigo, nor any other symptom which could be attributed to the Foxglove. — The entire impunity with which he retained it so long, must be attributed to peculiarity of constitution, his habit of excessive indulgence in the use of intoxicating liquors, or the violent spirit of revenge which had possession of him at the time.

BOSTON, TUESDAY, DECEMBER 21, 1830.

FATAL EFFECTS OF THE ADMISSION OF AIR INTO THE VEINS DURING CERTAIN OPERATIONS.

THE occasional sudden and unexpected occurrence of death, during surgical operations on the neck, from the admission of air into the heart and large vessels by the mouths of divided veins, is a circumstance with which most operators are more fa-

miliar than they are with the true cause of such admission. A very rational and philosophical explanation of this occurrence, has been recently offered by M. Berard, in the *Archives Générales de Médecine*.

The difficulty with all previous attempts to account for the events in question, has been, that they have either failed to assign a sufficient

cause, or have attributed them to one which, if true, would render such consequence of operation more common than it is. The ingenious M. Berard has avoided both these extremes.

It is generally believed, at the present day, that the heart exercises on the contents of the veins a suction-power during inspiration. The coats of the veins being perfectly soft and flaccid, it might be supposed that the pressure of the external air would, immediately on the division of a vein, produce a perfect collapse of the extremity next the heart, and that this collapse would reach so far as the inlet of the nearest branch, and so be an entire protection against the intrusion of atmospheric air. This is unquestionably the process to which the surgeon owes the security against instant death, in most of his operations where large vessels are divided.

M. B. remarks that, in certain cases, the coats of the large veins are not left to collapse by the atmospheric pressure on their external surfaces, but are attached to the adjacent parts, so as to be kept always distended; and that this mechanism is necessary, in order to enable them to sustain their calibre during inspiration. When, therefore, a large vein is severed at a point so near such attachment as to prevent the collapse of its coats, the air gains admission, passes on to the heart, and produces the fatal result referred to: whilst the division of veins at points remote from such attachment, is not succeeded by any such intrusion.

Such a structure as the above exists, as has been long known, in the sinuses of the brain, in the ramifications of the hepatic veins, and in the inferior cava, at its passage through the diaphragm. M. B. calls the attention of the faculty to a like organization in other parts of the venous system. "The entrance of the superior vena cava into the right auricle of the heart, is kept in a state of constant tension by the prolongation over it of the strong fibrous covering of the pericardium; and the subclavian veins, the junction of the jugulars with these veins, as also the whole course of the axillary veins, from the *scaleni* muscles to the armpit, are maintained in a similar state, by being attached to various aponeurotic membranes at the root of the neck. Hence, if the superior cava, subclavian, axillary, or commencement of the jugular veins, be divided, they do not collapse as other veins do, but remain gaping, unless they are detached from the texture by which they are kept distended, and then they collapse like veins generally. Were it not for this organization, it is obvious that the suction-power of inspiration, even of the powerful kind which is admitted by some physiologists, could have little or no effect in moving the blood towards the heart along the superior cava. But the chief veins being kept in a state of distension, and so enabled to resist the compressing tendency of atmospheric pressure, the pumping or inspiring power of inspiration becomes effective; and it is particularly worthy of remark, that as the aponeurotic mem-

branes to which the veins are attached extend from bones to bones, and are most stretched during the expansion of the chest,—it is during the act of inspiration that the veins are most extended. The same organization will, also, for the same reason, account for the entrance of air into the heart, from wounds of the veins at the root of the neck, during surgical operations. If the subclavian or commencement of the jugular vein is opened, air will enter to a certainty, unless immediate precautions be taken to exclude it; and as for the same accident occurring when more distant veins are opened, it will be found, we doubt not, to arise from the divided vein having acquired, from connexion with diseased parts, an organization similar to that possessed by the subclavian and axillary veins in their natural state.” The importance of these facts in the practical operations of the surgeon, entitle them to great regard, and the subject is one which we hope to see pursued at greater length and more in detail.

NEW AND VALUABLE TREATISE ON
FEVER.

WE are happy to announce the republication, by those enterprising publishers Messrs. Carey & Lea, of Philadelphia, of a most interesting Treatise on Fever, by Southwood Smith, M.D., Physician to the London Fever Hospital. Wherever this work has found its way, it has met with great approbation, and thrown much light on a very common, but yet intricate and difficult subject.

Dr. Johnson, Editor of the *Medico-Chirurgical Review*, who is more given to pungency of satire than fulsomeness of praise, says of this work—“It is the best we have ever perused on the subject of fever,—and, in our conscience, we believe it is the best that ever flowed from the pen of physician in any age or in any country.”

RECENT FAILURES WITH THE HY-
DRIODATE OF POTASS.

THE recent failures of success in the medical use of this article being much more numerous than the faculty had a right to expect from the terms in which it was originally recommended, suspicions were excited in the minds of some English physicians that the article, like most others, had been dishonestly prepared. Investigations were set on foot by different chemists, and an analysis made of portions of this article, as prepared at four different manufactories. The result was, that the first quantity contained little more than two per cent. of water; but it contained also $6\frac{1}{2}$ per cent. of *carbonate of potass*. The second quantity contained only 9 4-10 per cent. of *hydriodate of potash*, with 16 1-10 of water, and 74 5-10 of potass. The third quantity also contained only 10 per cent. of the pure hydriodate. The fourth was the only pure specimen of them all. This last was obtained from the manufactory of Mr. Heln in London,—to which circumstance we would call the attention of all our importers of *materiæ medicæ*.

We propose, before long, to lay

before our readers a like exposition of the adulterations of other valuable and important medicines, which are purchased for pure articles of our apothecaries in this city, and doubtless supposed by them to be such.

COLLEGE OF PHARMACY.

SEVERAL druggists and apothecaries have for some time been associated under this title, for the purpose of educating young men intending to engage in the sale of drugs and medicines, in order to qualify them to judge of the articles and make up prescriptions correctly; and also with a view of preventing the dangerous frauds and adulterations which are daily practised. As specimens of these it is mentioned to us, that several pounds of an article, composed of rubbish and various roots, was not long since sold here as jalap, at the rate of six cents per pound. The price of the genuine article was then, at wholesale, forty-five cents. The roots of various inert, indigenous vegetables were powdered, mixed with tartar emetic, and the mixture sold for ipecacuanha. Calomel is mixed with white lead, and sold as pure. Common magnesia, powdered and sifted, is sold for calcined magnesia. Cream of tartar is mixed with plaster of Paris. When the price of arsenic was high, it was mixed with plaster of Paris in various proportions, and sold as genuine. Cayenne pepper is mixed with meal in various quantities, and colored to resemble the genuine. And so forth. Of the necessity of correcting these pernicious frauds there can be no doubt; and one of the most efficient means for so doing, is that adopted by the professional gentlemen who have formed this association.—*N. Y. Adv.*

Statistical Account of the State of Pharmacy in Paris.—A very curious document has just been published in Paris illustrative of

the state of Pharmacy in that city, apparently for the purpose of directing the attention of the French government to the necessity of relieving this class of tradesmen from the grievances to which their trade is subjected. It appears, according to the researches of the *French Statistical Society*, that, in Paris and its immediate vicinity, there are at present 285 pharmaceutic establishments, which employ, besides the owners, 465 persons, at wages varying from twelve and sixpence to thirty-seven shillings and sixpence a month,—that the whole capital invested in these concerns amounts to L.522,000,—that the gross proceeds are L.134,500,—and that, when the interest of capital and current expenses are deducted, there remains only about L.17,800 of clear profit. This is only L.62 for each establishment, and not quite so much as $3\frac{1}{2}$ per cent. on the capital embarked,—a most miserable result truly.

The document then proceeds to trace the causes of so low a profit in a trade usually considered lucrative; and assigns as the leading causes,—the absurd increase of persons in the trade,—the fraudulent assumption of the trade of apothecary by the druggist, grocer, herbalist, and even fruiterer, as well as the fraudulent application of his diploma by the retired apothecary,—the legal permission given to the grocer to sell 164 specific drugs among the most simple and common of them,—the sale of drugs at the hospitals, charitable institutions, and even religious establishments, by women and *Sœurs de la Charité*, who are able to drive the regular apothecary out of the market, as they have no rent, license, or servants to pay for,—the simplification of medical prescriptions by the improvements in modern physic,—and the operation of one of the old laws regarding the medical juries, which is not sufficiently explained to be intelligible by us.—*Edin. Med. and Surg. Journ.*

Ligature of the Internal Iliac.—It is probably known to most of our readers, that the internal iliac was first tied for aneurism of the ischiatic artery by Dr. Stevens, of St. Croix, in 1812. The patient lived ten years after the operation. Mr. Lawrence, in his surgical lectures, recently expressed a doubt of the artery having been really tied in this instance. Dr. Stevens being in London at the time, sent the parts (which he had obtained on the death of the patient, and preserved in spirits), to the Royal College of Surgeons, where they were dissected, and the fact of the internal iliac having been tied fully established. The preparation exhibited the internal iliac artery converted into an impervious cord where the ligature was applied, and the remains of the aneurismal swelling on the ischiatic artery. Mr. Lawrence is said to have expressed himself as perfectly satisfied with the dissection.

Amer. Journ. of Med. Sciences.

Fissure and Spasmodic Constriction of the Anus.—In our last volume, p. 248, we noticed the treatment of this affection, by M. Dupuytren, by means of the belladonna; and we find in our esteemed contemporary, the *Journal Générale*, for March last, a case of a very severe character, reported by Dr. Delaporte, in which the ointment of belladonna was used with the happiest effect, after many other measures had been tried without avail. The ointment was made by mixing one drachm of extract of belladonna with half an ounce of simple cerate. A roll of lint was smeared with this, and introduced into the rectum; the relief afforded was very prompt.

Another case is recorded by M. A. Laborderie, in the *Révue Médi-*

cale for July last, in which also this remedy was successful. M. L. added to his ointment half a drachm of the liquid acetate of lead.—*Ib.*

Extirpation of a Degenerated Parotid Gland.—This operation was performed in January, 1829, by Dr. A. Magri. The tumor weighed two pounds and a half; its greatest circumference was fifteen inches, its smallest twelve inches. The excision was followed by paralysis of one side of the face. An account of the case has been published in the *Annali Universali di Medicina* for November and December, 1829, and a pretty full notice of it is contained in the *Révue Médicale* for March, 1830. There is nothing particularly interesting in the details.—*Ib.*

THE following gentlemen, members of the Boston Medical Association, have offered to perform, in behalf of said Association, the gratuitous vaccination of the poor so designated by the City Government:—

Drs. J. V. C. Smith, Hildreth, E. Warren, Robinson, Thomas, Howard, Lodge, Perry, Stearns, Ellis, Dyer, Davenport, Watson, Williams, Gregg, Greene, Bartlett, Strong, and Grigg.

The absence of solar influence still continues to affect the healthiness of the season.

By mistake, two short notices got into our last paper which had been given our readers a week or two previous.

Whole number of deaths in Boston the week ending December 10th, 18. Males, 11,—Females, 5. Stillborn, 2.

Of dropsy on the brain, 1—unknown, 2—infantile, 1—dropsy, 2—inflammation on the lungs, 2—fever, 1—old age, 1—consumption, 2—typhous fever, 1—lung fever, 1—teething, 1—inflammation in the bowels, 2.

ADVERTISEMENTS.

WILLIAMS ON DISEASES
OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.
Dec. 6.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES AT BOWDOIN COLLEGE will commence on *Monday, the twenty-first day of February, 1831.*

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.

Obstetrics, by JAMES MCKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The ANATOMICAL CABINET is extensive, and constantly increasing.

The LIBRARY, already one of the most valuable Medical Libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is \$50. Graduating fees, including diploma, \$10. There is no Matriculating nor Library fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons' Hall at a very reasonable price.

P. CLEVELAND, Secretary.

Brunswick, Oct. 16, 1830. 4weop

NEURALGIC DISEASES.

A TREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS BRIDGIN

TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair price*.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS
AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

ABERCROMBIE ON DISEASES
OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland.
Sept. 28.

SURGEON DENTIST'S MA-
NUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons.
Nov. 2.

THE AMERICAN JOURNAL OF MEDICAL SCIENCES, No. 13, for November, 1830,—Just received by CARTER & HENDEE.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, DECEMBER 28, 1830.

[No. 46.]

I.

MR. HALSTEAD'S CELEBRATED MODE
OF TREATING DYSPEPSIA.

WE have in an ordinary case of dyspepsia the following condition of things, viz :—

1st. A relaxed, enfeebled state of the muscular coat of the stomach, amounting in some cases to a partial paralysis, whereby it is rendered unable to perform its proper function of contracting upon the food, and gently passing it around, so that every portion of it may be in turn applied to the inner surface of the stomach, and exposed to the full action of the gastric juice. This fluid, in the general torpor of the organ, is also probably secreted in a less quantity, and perhaps of a vitiated quality.

2d. A preternatural rigidity, and permanent contraction of the abdominal muscles; which, instead of presenting the uniform, soft, relaxed, and yielding state, natural to them in a healthy condition, are often drawn up, as it were, into knots, and to the touch seem like cords stretched tight beneath the skin.

3d. A torpor or obstruction of the peristaltic motion of the bowels, evinced by obstinate costiveness, produced, as is supposed, in a great measure, by the constant and undue pressure of the external muscles; or by a spasmodic action

of the intestines themselves, corresponding with that of these muscles.

4th. A constriction of the thorax, and consequently impeded respiration, caused by the excessive and constant action of the abdominal muscles, in pulling down the ribs.

These may be considered as the immediate and mechanical effects which are generally consequent upon disordered action of the stomach. The remote effects of this disease,—such as derangement of the functions of the liver, affections of the lungs, the heart, the kidneys, the head, and the nervous system; in short, disorders of almost every part of the body,—are so numerous, and make their appearance so irregularly, that it is impossible to enumerate them in any precise order of succession.

Of the four conditions of parts above enumerated, it will be seen that the two last are effects of the second, viz., the unnatural contraction of the abdominal muscles.

The indications of cure, therefore, resolve themselves into the following, viz :—

1. To restore these muscles to their natural relaxed state.

2. To excite the stomach to resume and continue its proper action.

The means of fulfilling these indications may, at the first glance, appear opposed to each other ; but

when it is remembered that the rigidity of the external muscles is the consequence of the debility or relaxation of the proper muscles of the stomach, the effect of remedies calculated to restore these parts to their natural condition will not seem so contradictory.

Method of Relaxing the Abdominal Muscles.

These muscles belong to that class denominated *voluntary*, which in a state of health are under the control of the will. Thus the individual can, by a voluntary effort, contract or relax them, in the same manner with the muscles of the arm or leg; and, like these muscles, their natural state, when not called into action, is one of complete relaxation. In the condition, however, we have just been describing, these muscles remain permanently contracted, and, for the most part, can no more be relaxed by an effort of the will, than those of the leg in a fit of cramp. Still, however, though a perfect relaxation can very rarely be effected by the act of volition, yet now and then we meet with cases where much may be done in this way.*

It is therefore proper to keep the attention of the patient directed to this point; and by telling him "to let down these muscles," an expression, though not perhaps strictly technical, he will perfectly understand.

* An instance, somewhat analogous to this, of the power of the will over muscles in a state of spasmodic contraction, offers itself in the case of a dislocated shoulder. Here the main difficulty, in the way of reducing the dislocation, is the spasmodic contraction of the muscles; and the patient, by exercising a strong control over them, and letting them go from him, as it were, greatly favors the return of the bone to its socket.

Again it may be observed, that, in a healthy state, the greatest relaxation of these muscles takes place at the moment of inspiration, or drawing in the breath, as may be seen by the gentle elevation of the abdomen at this time. The patient should therefore endeavor to favor, as far as he is able, this fulness or swelling of the abdomen in the act of breathing, by letting the breath descend as low in the body as possible; taking care that he does not increase the muscular rigidity, instead of removing it, by straining, or making violent efforts to brace himself out. A full, but natural inspiration, should be aimed at.

The method, however, which has proved most efficacious in producing the desired effect of relaxing these muscles, is the external application of warm fomentations, such as emollient cataplasms, steaming, &c.; or, in other words, exposing them to the combined action of heat and moisture. Various modes of using these applications have been tried. Covering the abdomen with a common bread and milk poultice, applied warm, and repeated two or three times a day, will frequently be found very serviceable, particularly when there is much soreness and tenderness to the touch. A hot brick wrapped in a flannel cloth steeped in vinegar, and covered with a dry towel, may also be applied with advantage.

The method, however, found by experience to be the most convenient, as well as the most effectual, is the following:—

Let the patient, when he goes to bed, cover the whole abdomen, from the margin of the chest to the hips, with flannel cloths wrung out in a mixture of equal parts of

hot vinegar and water. These flannels should be applied in three or four thicknesses, so as to retain a greater quantity of moisture. Then spreading over them a coarse dry towel; a bottle filled with boiling water, or, what is better, a common flat-iron, such as is used in smoothing linen, heated as warm as can well be borne, should be gently passed over the whole abdomen, continuing the process for fifteen or twenty minutes, and applying the iron more particularly to those parts where there appears to be the greatest degree of rigidity. When the bottle of water or iron begins to grow cold, the cloths should be removed, and a piece of dry warm flannel substituted, to prevent any risk of taking cold from the operation.

By repeating this process two or three times a day, taking care that it be always done upon an empty stomach, a sensible change in the condition of the abdomen will soon be observed. From the tense and rigid state it previously exhibited, it will gradually become soft and yielding; the muscles will regain their natural flexibility; the feeling of tightness around the body will be removed; the patient will be able to expand the chest more fully in the act of respiration, and being relieved from the sense of constriction and tendency to bend forward, occasioned by the contraction of these muscles, he will experience altogether a degree of ease and comfort, to which he had long been a stranger.

Though great relief will commonly be afforded in the course of a few days by this process, yet sometimes, especially where the muscles have been for a number of years in this state of unnatural rigidity, a longer perseverance in

the use of the applications will be necessary to produce the desired effect. Weeks, and even months, in some instances, have elapsed before the requisite change in the condition of the muscles could be effected.

Now and then, also, a degree of exhaustion and debility will ensue upon the use of the warm application. This may either be the consequence of a sudden removal of the support to which the contents of the abdomen had been so long accustomed from the pressure of the exterior muscles; or it may be owing to a too long continuance of the warmth, producing a relaxed state of the stomach itself. In these cases, it will be proper to discontinue the fomentations for a day or two; and on resuming them, not to continue their application for so long a period at each time.

Occasionally, at such times, and from the same causes, the patient may experience an increased degree of flatulence; this, however, generally proves but a temporary inconvenience. As the stomach begins to recover its tone, by the plan of stimulating it presently to be described, these symptoms of debility will rapidly disappear, and be succeeded by an increase of strength and vigor throughout the system generally.

Method of Stimulating the Stomach.

Having thus described the manner by which the first indication of relaxing the abdominal muscles may be fulfilled, we will proceed to show the method by which the next object in the plan of cure is to be effected, viz., of restoring the tone of the stomach; or, in other words, of stimulating it to resume its original and healthy course of operations. This is done

by communicating a mechanical action to the organ, resembling as nearly as possible that produced by natural exercise; the art of doing which constitutes the most important part of the plan of treatment now proposed.

It may simply be observed, without entering into any disquisition respecting the peculiar *modus operandi*, that the muscles throughout the system are stimulated to action by the influence of the nerves. In other words, by means of a certain something, the precise nature of which is not perfectly understood, but which, from its effects, is supposed to resemble the Galvanic fluid, or to be identical with it, communicated from the brain or sensorium, through the medium of the nerves, the muscular fibre is excited to contract; and by the contractions thus produced, all the various motions of the body are performed.

The stomach, we have seen, is principally supplied by a pair of nerves proceeding directly from the brain, by means of which nerves it is excited to perform its proper functions. It also appears that besides the nervous influence, a certain degree of mechanical stimulus, communicated, as we have seen, by external motion or agitation, is requisite, in order that these functions should be performed with due vigor. Hence the absolute necessity of exercise, the importance of which is universally acknowledged, although its peculiar manner of exciting the stomach to action does not appear to be so generally understood. The mode in which this takes place, by a succession of slight shocks or impulses upon the organ, we

have already attempted to explain.

There are two causes which seem to prevent the prompt effect of exercise upon the stomach. One of these, viz., the condition of the abdominal muscles, we have already dwelt upon somewhat at large. The other is a torpor or absence of the natural sensibility in the organ itself; the result, apparently, of long inaction from a deficiency of the natural stimulus. The degree of this torpor may in general be ascertained by making a slight pressure with the finger, upon the spot just below the breast-bone, commonly called the pit of the stomach. This spot, in a healthy person, it is well known, possesses a remarkable degree of sensibility; a slight blow upon it producing a painful sensation of a peculiar indescribable character, somewhat like that experienced when the finger is pressed upon the eyeball. This sensation is the effect of the impression made upon the nerves of the stomach, which are expanded upon it immediately under this spot. These same nerves, as it has been remarked, also supply the lungs, and are the principal ones of a set of nerves called the respiratory system, which go to the different parts either immediately or remotely concerned in the function of respiration. By this fact in physiology, the sudden check given to the breathing by a stroke upon this spot, may be accounted for: and when death takes place, as it sometimes does, in consequence of a violent blow here, it is probably the result of the shock given to this system of nerves.

This spot is sometimes morbid-

ly sensitive, and the slightest touch will give exquisite pain. This is the case when the mucous membrane, or inner coat of the stomach, is in a state of inflammation, which we have observed is often confounded with the disease in question. Most commonly in dyspepsia, there is a torpor or want of sensibility at this spot; so great, in some instances, that no more sensation will be produced by pressure here, than upon any other part of the abdomen.

Generally, however, the latent sensibility of the stomach may be excited by the following process:—A gentle tap or slight push is given with the finger upon this spot, and repeated until the effect is produced, using more or less force, according to the feeling of pain experienced. A degree of caution must, of course, be observed in doing this, as we have seen that fatal consequences have now and then resulted from a violent blow upon this part. By commencing gently, however, and making repeated trials, the natural quickness and delicacy of sensation in this part will be restored.

The effect of the impulse given to the stomach in this manner, seems to be to rouse it from its state of apathy, and to render it more sensitive to the stimulus of natural exercise; the mode of applying which in an artificial manner will presently be described. Often, on giving the slight stroke upon the pit of the stomach in this manner, a sensation of pain will be felt running up in the course of the nerves, as high as the throat; and sometimes even between the shoulders. When this is the case, it seems to indicate a degree of ex-

citability in the stomach, favorable to its recovery. At any rate, when the spot retains a portion of its natural consciousness of external pressure, and when the sensation already mentioned is felt running up towards the throat, the amendment of the patient is usually most rapid: while, on the other hand, when little or no impression can be made upon this spot, it shows an extreme degree of torpor in the organ, and is consequently an unfavorable symptom.*

It may be remarked, that very often the impression cannot be made upon the stomach in this way, on account of the resistance opposed by the rigidity of the external muscles, which often start into violent involuntary contraction, the moment the finger is applied to them. By repeated trials, however, and by watching an opportunity when the muscles are most relaxed—which will generally be found to be the case after using the warm fomentations—the stomach may be awakened in this manner from its state of torpor.

This being effected, the next point is to give the mechanical stimulus, of which we have spoken, to the stomach. To this end, the patient should be placed in the position that will favor most the relaxation of the abdominal muscles. A sitting posture will be the best for this purpose.

* When the sensibility is restored at the pit of the stomach, the patient should be careful to keep it so; which can be done by frequently touching the spot with the finger or thumb, with sufficient force; because if he allows this spot to become torpid, he will be liable to a return of the disease, or rather to a delay of the cure. The more sensitive the part becomes, the more rapid the cure.

Then the practitioner, seated on the right of the patient, and facing him, having excited the sensibility of the stomach by the process just described, places his right hand upon the lower part of the abdomen, in such a manner as to effect a lodgement, as it were, under the bowels, suffering them to rest directly upon the edge of the extended palm, from the tip of the thumb to that of the fore finger. When the muscles have been properly relaxed, there will be no difficulty in doing this. Then, by a quick but not violent movement of the hand in an upward direction, by which the bowels are thrown up much in the same manner as in riding on horseback, a sort of pulsatory action will be communicated to the stomach, and a sensation experienced similar to that produced by a slight blow upon the region of the organ.

By continuing this action from one to two minutes, a sense of warmth, and a feeling somewhat like that experienced from a slight electric shock, will be felt at the stomach, and a general excitement or gentle glow throughout the system. The pulse will most usually be increased both in strength and frequency; the extremities, when cold, will have a little return of warmth; and not unfrequently there will be a gentle perspiration all over the body. The patient will often experience a feeling as of returning vitality and vigor, to the previously inanimate and enfeebled stomach. When flatulence has been a prominent symptom, large quantities of wind will be thrown up, to the patient's great relief; and indicating an internal and natural contraction of the organ

upon its contents. All the feelings, indeed, will be those of returning action, not only in the stomach, but throughout the system generally.

At first, perhaps, the sensation produced in this manner upon the stomach, may be somewhat painful, but almost invariably after a few repetitions the effect upon the organ itself, and upon the system, becomes agreeable. It now and then, though rarely, happens that from some peculiar delicacy or irritability of the stomach, a slight nausea and feeling of faintness ensue upon the process described. These sensations, however, seldom occur after the first trial; the stomach, however irritable, soon getting accustomed to stimulus, which, from the pleasant effects it produces, seems to be perfectly consonant with its nature.

By understanding the principle of the remedy in question, and the precise object to be effected, viz., to communicate a series of slight impulses or concussions to the stomach from below upwards, so as to resemble as much as possible the effect of exercise of a jolting nature, the manner of accomplishing it may be varied, and the patient be placed in different positions, so as to suit his own or the practitioner's convenience.

A very good method of giving the mechanical stimulus to the stomach is the following:—Let the patient be seated as before, bending himself a little forwards; the practitioner standing behind him, and putting his arms under those of the patient, places both hands, with the points of the fingers opposite to each other, upon the lower part of the abdomen,

indenting its surface, and holding the hands horizontally, with the palms upwards, so as to get them as much possible in a line immediately under the stomach. Then by giving a quick but gentle movement of the hands upwards, the action will be communicated to the stomach, and the peculiar sensation already described will be distinctly perceived, and the desired effect upon this organ and the system at large be produced.

It must be kept in mind, that a certain degree of relaxation of the abdominal muscles must take place, before any benefit can be expected from this exercise. Indeed, where this is not the case, the peculiar sensation at the stomach, which is the test of the proper action being communicated to it, will not be experienced; the hands, instead of getting under the stomach, will slide over the tense surface of the abdomen; and if the attempt to give the action is persevered in under these circumstances, a soreness and increased rigidity of the muscles will probably be the result.

Another convenient method is to let the patient lean with the back against a wall, inclining the body a little forwards, so as to favor the relaxation of the abdominal muscles. The assistant, seated before him, communicates the impulse to the stomach, by making a quick movement upwards with the palms of the hands placed firmly upon the abdomen.

Sometimes this action will not be so readily communicated to the stomach from the lower part of the abdomen. When this is the case, by giving the motion upwards with the points of the fingers, placed a little below the tender spot at the pit of the sto-

mach, being careful in this as in the other methods to get as much under the organ as possible, the peculiar sensation at the stomach which we have so often mentioned will generally be felt, provided any sensibility remains. Then gradually moving the hands lower and lower down, the impression may be at length communicated from the inferior part of the abdomen. The advantage of giving this action to the stomach from as low a point as possible, seems to be two-fold. In the first place, by so doing we get more immediately under the organ, and consequently are enabled to apply the stimulus to a greater portion of its surface, and in the direction apparently most natural to it: and secondly, the intestines seem also to be invigorated, and their peristaltic motion increased by the gentle agitation they receive.

This process, it may be observed, is not that of kneading the stomach and bowels, neither is it external friction; the object being to communicate a series of gentle shocks or impulses to the stomach, somewhat like the pulsatory motion felt by placing the hand upon one side of a bladder filled with water, and gently tapping with the finger on the opposite side; or like that familiar to the touch of the medical practitioner, when he strikes upon the abdomen of a dropsical patient in order to detect the presence of the fluid within. I say *somewhat* analogous to these, since, as the contents of the abdomen are not fluid, of course the impression cannot be precisely the same.

Other methods, besides those already detailed, of giving this mechanical stimulus to the stomach, will be suggested by the

ingenuity of the practitioner. It must, however, always be borne in mind, that force or violence of any kind is never to be employed: on the contrary, the object is to be accomplished by a certain degree of tact and address, only acquired by practice, and by understanding perfectly the principles on which the plan of treatment is founded. Out of many hundred cases treated in this manner, there has not been an instance where any injurious effects have ensued.

Like tonic medicines administered internally, which require to be taken repeatedly in moderate doses, and at regular intervals, in order to ensure their full success; the efficiency of this plan of mechanically stimulating the stomach depends upon its being frequently and regularly performed,—so as not to permit the organ to relapse into its former torpid, sluggish condition. Like other tonics, also, when properly administered, after the stomach has recovered its natural tone and power of action, the process may be gradually discontinued; common exercise, provided the muscles continue in their relaxed state, producing its natural, healthful and sufficient effect upon the stomach. As it is therefore essential that this process of stimulating the stomach should, at first, be frequently repeated, in order to ensure its good effects, it becomes necessary that “the patient should minister to himself.” For this purpose, he must be instructed in the manner of giving the mechanical stimulus to his own stomach.

This is to be done as follows:—The patient first places himself in the position which seems most

to favor the relaxation of the abdominal muscles, that is, he may either be seated or standing, with the body a little inclined forwards, in the manner already described. Then let him place his hands in a horizontal position upon the fore part of the abdomen, so that the points of the fingers may meet each other about an inch or two below the sensitive spot at the pit of the stomach. Then turning the palms of the hands uppermost, at the same time gently inclining the body forwards, so as to get them as nearly as possible immediately beneath the stomach; by a slight movement upwards, the pulsatory action will be communicated to it, and the peculiar sensation felt at the part, as before described.

Some difficulty will probably be experienced in communicating the impulse to the stomach, by reason of the involuntary action of the external muscles. By an effort of the will, however, and a little perseverance, this will soon be overcome; and although the performance of this action may at first prove awkward and fatiguing to the patient, yet after a little practice, and some experience of its beneficial effects, it will become easy and simple. Besides relaxing the muscles in as great a degree as he is able, the patient should also breathe as fully and naturally as possible, in order that the stomach may not be drawn inwards, so as to prevent the hands from getting beneath it in order to communicate the movement.

The same effects, such as the glow and feeling of warmth at the stomach, and gentle excitement of the system generally, will attend this action when properly

performed by the patient himself, as when done by an assistant.

It must also be observed, that, in both cases, the hands which at first are placed near the stomach, should gradually be applied further and further down, until the desired sensation can be communicated to the stomach from the lowest part of the abdomen. The object and advantage of this has been already mentioned.

The frequency with which the process should be repeated, must be determined by the state of the stomach; its greater or less degree of debility, and the effect produced upon it by the stimulus. In common cases, where there appears to be a considerable degree of torpor and want of action in the organ, the directions usually given to patients, are to make the application as frequently as every half hour through the day; continuing it for a minute or two each time, or until the peculiar glow and feeling of warmth is produced. It is improper, however, to stimulate the stomach in this manner immediately after eating; and it is therefore best, in general, to wait about an hour after each meal, before entering upon this process. Gradually, as the organ recovers its tone, the intervals between the several applications of the remedy may be lengthened, until two or three times during the twenty-four hours will suffice. After a while, the practice may be wholly discontinued,—regular exercise, such as we have described, and for which this process is a substitute (provided the muscles continue in their natural relaxed state), furnishing a sufficient stimulus to the stomach.

The immediate effects of this

external action upon the stomach, as we have observed, are the same with those of a gentle tonic or stimulant taken internally. In many instances, a surprising increase of muscular strength has been experienced by the patient. A young man, who had been so much reduced by the disease as to be confined for the greater part of the time to his bed, and who could scarcely stand without support, invariably, after having his stomach stimulated in this manner for a few minutes, found himself so much stronger as to be able to walk about the room for some time without assistance. He was eventually, by persevering in the remedy, entirely restored to health, and, when last heard from, was a hale and vigorous man.

The effects upon the system which follow the continued use of this remedy, and which will ensue after a longer or shorter period, depending upon the state of torpor to which the stomach has been reduced, and the perseverance with which the plan of cure is followed up, are those indicative of an increase of tone in the organ, and an improved state of the digestive functions generally.

The stomach becomes able to retain and digest food which before oppressed it. The uneasy sensations consequent upon eating, are gradually diminished, and at length entirely removed. The food being more perfectly digested, an augmentation of strength, and an increase of the flesh of the patient, takes place. The morbid appetite becomes natural and regular. The secretions generally are restored; that of the liver in particular; and the bow-

els, their natural stimulus of healthy bile being afforded them, and the constriction of the external muscles removed, gradually resume and continue their regular action, without the aid of medicine.

In a number of instances, in which patients have been in the daily habit of taking purgatives for years, by a perseverance in the plan of treatment just detailed, they have been enabled entirely to discontinue the use of medicines of every description.

All the sensations and feelings of the patient, from being of the most disagreeable nature, become pleasurable. His sleep is natural, and undisturbed by hideous dreams. He finds that he can eat and drink with comfort, and without the dismal foreboding that, for every mouthful he swallows, a dreadful penalty of suffering is to follow. His head by degrees becomes clear of the migrains and vapors with which it was filled, and is free from the feeling of confusion and other distressing sensations of which it was the seat. The faculties of the mind grow stronger, and become more under the control of the patient's will; and he can now read, write, and attend to his business with ordinary alacrity. The sluggish fiend that had so long oppressed him with its leaden wings has taken flight, and he feels as if a load like a mountain had been removed from his system—as if an intolerable weight of chains had fallen from every limb. In short, he is a new being, and cannot sufficiently express his delight at the change.

But although these effects sometimes take place, particularly in recent cases of the dis-

ease, in an incredibly short time, the enemy is not always dislodged so easily. Much constancy and perseverance must be exercised by the patient, in order to ensure success, and many drawbacks will be met with, before a perfect and permanent cure can be effected. One of the most common of these arises from the inclination, often irresistible on the part of the patient, to indulge the appetite, as soon as he finds that he can eat with impunity, and to overload the stomach, especially with those articles of which he has been long deprived. Neglecting the use of the remedy as soon as a degree of improvement is experienced, and before the stomach has fully recovered its tone, or giving it up in despair when no visible change in the symptoms immediately follow its use, are common causes of its failure. Exposure to the causes which originally induced the disease, will also necessarily prevent any good effects from this method.

It may be mentioned, however, for the encouragement of those who, from the little benefit they seem to be receiving, are tempted to abandon the plan of cure, that several instances have occurred, in which the patients became disheartened by reason of the slow progress they were making, and discontinued the use of the remedy as of no avail; and who yet eventually, on being induced to recommence and persevere in it, became perfectly cured.

II.

TREATMENT OF PUERPERAL MANIA.

DR. BLAKE, of Ipswich, has expressed, in a communication to the London Medical and Surgical,

some new ideas respecting this distressing malady. He considers true puerperal mania as nearly allied in its nature to delirium tremens, although it does not arise from precisely the same causes, nor assume precisely the same appearances.

It is a well known fact, says he, that during the greater part of the period of utero-gestation, the vascular system is in a highly plethoric state, and the blood itself exhibits, when drawn, properties similar to those which exist in it during the height of inflammation.* Now it must seem evident that such a condition, existing for so many months in the animal economy, cannot fail to act, through the medium of the bloodvessels, as a strong and continued stimulus to the brain and nerves;—it therefore ought not, in my mind, to appear surprising, that in peculiar states of the female constitution, mental alienation, or puerperal mania, should be the consequence of the sudden privation of such powerful and long accustomed stimulation, which is the natural result of parturition and its consequences. The brain and nervous system in this case suffer, subsequent to delivery, from the loss they have sustained by the sudden privation of that stimulus which was afforded to them during gestation, by the distension of the bloodvessels, and the stimulating nature of their contents, in the same way as I have explained delirium tremens†

to supervene in subjects accustomed to the stimulus of ardent spirits, &c. &c., on the sudden cessation of their habitual intemperance. Like delirium tremens, also, this disease does not come immediately on the occurrence of the cause, but takes a given time, according to the nature of the constitution, and the degree of previous stimulation, before it becomes developed, and extreme debility in both cases is generally observed to precede the stages of delirium; in short, puerperal mania seems to me to run a course, though generally much more protracted than that of delirium tremens, which would entitle both disorders to be arranged in the same class, order, and genus.

As regards the treatment, he says, our object should, of course, be to endeavor to induce such a state of the system as would resemble, in the greatest possible degree, that which existed previous to delivery. To effect this, the horizontal position should be carefully observed, in order to favor the ascent of the blood to the head. On the same principle, the abdomen should be properly supported by a roller, and all drains on the system, such as giving suck, &c., should be particularly avoided. The various secretions should at the same time be carefully regulated, and local determinations relieved on general principles; during all this the strength ought to be supported by a light but nutritious diet, together with a moderate administration of diffusible stimuli, joined to sedatives, antispasmodics, and tonics, as the peculiarities of each case might indicate. These, with good air and the usual attentions,

* Vide Edinburgh Medical and Surgical Journal for Oct., 1823, or the London Medical and Physical Journal for Nov. of the same year.

† See a paper on the buffy coat of the blood, in the Medical and Physical Journal for November, 1829.

both moral and physical, which are found advantageous in the guidance of insane patients, are, apparently, the means most likely to prove efficacious in this oftentimes very distressing nervous delirium; and on reference to the works of Denman, Professor Burns, Drs. Gooch, Marshall,

Hall, Abercrombie, Ryan, and others, they will not be found to differ essentially in principle from the *methodus medendi* proposed by these authors, although they have not taken the same view of the causes of the disorder that I have ventured to.

BOSTON, TUESDAY, DECEMBER 28, 1830.

MR. HALSTED'S DISCOVERY.

EVERY body has heard of Mr. Halsted, of New York, and his celebrated discovery of a cure for dyspepsia. Within a few days, he has opened this discovery to the public, after having kept it a secret six or eight months, done a world of good, and taken a world of pay. In the introductory chapter of his book, he assigns his reasons for not divulging his remedy before, viz., the desire of perfecting his discovery, and remunerating himself for his ingenuity;—both these are very satisfactory, and such motives as no honorable man would be ashamed to confess. That it has at last been made public, we apprehend is to be attributed, in part at least, to necessity. If the precise method in which he stimulates the stomach was not generally known, the community were fast verging toward a pretty accurate knowledge of it, and would doubtless have had the whole secret ere long, even without his instrumentality in promulgating it. It was certainly a mark of wisdom in Mr. H., therefore, to publish his book just at the moment he did, whilst curiosity was still alive and unsatisfied; and we

verily believe he will reap from its sale a harvest scarcely less abundant than that he has gathered from the secret practice of his art.

The book of Mr. H. is designed for the general rather than the medical reader, since it is mostly made up of what have long been axioms in medicine, and simple descriptions of familiar organs and long-known functions. His account of the parts concerned in the digestive process, is taken from that excellent publication, the "Library of Useful Knowledge." The *symptoms* of Dyspepsia are enumerated as by one who has felt them, and its *causes* also are made the subject of a chapter. The fourth chapter is on the condition of the stomach in this disease, in which much account is made of its muscular debility or the defective action of its muscular fibres.

Mr. Halsted dwells with peculiar emphasis on the contracted state of the abdominal muscles in this disease,—a condition which was particularly distressing, it seems, in his own case, but which is far from being uniformly attendant on the complaint. He supposes that the undue compression exerted by these muscles

on the stomach and bowels, is the cause of the impeded respiration, frequent sighing, obstinate constipation, forward bend of the body, and some other ordinary symptoms of indigestion. Hence the first object of his treatment is to relax these muscles by fomentations, and the proper exercise of the will to this effect. There is doubtless much truth in his ideas on this subject. The common exercise of riding on horseback is often rendered useless to the dyspeptic, by the circumstance of his sitting on the saddle ill at ease; and fecal evacuations are effectually prevented by great exertions to forward them. By diverting the mind so as to avoid such efforts, the abdominal muscles become relaxed, and the intestines throw off their contents with comparative ease; and a rider who is at home upon his saddle, brings these muscles into a state entirely different from that strong contraction they assume in the bent figure of his timid companion. But this relaxed state of the muscles being induced, we have yet to learn that the process of kneading, or pushing, or rubbing, or whatever else Mr. H. pleases to call it, is any more beneficial, or even half as much so, as long-continued exercise on horseback or in a carriage. In order that every reader may judge for himself on this point, we have given, in today's paper, the whole of Mr. Halsted's chapter on his "Mode of Treatment." It appears to us subject to grave objections, especially if practised whilst the dyspeptic symptoms arise from undue irritation of the stomach,—a mistake very likely

to occur now that the book is in so many hands.

If we rightly comprehend Mr. H., he pretends only, by his process, to simulate exercise, and particularly horseback exercise. Allowing he does this to a charm, it can yet be done only occasionally in the day, whilst riding is a continued application of the remedy for hours and days in succession. Besides this, we have in travelling the diversion of the mind, the stimulus of new scenes and changing prospects, which contributes not a little to restore to the system, and every part of it, its healthy condition.

We will only add, that Mr. H. appears to us in error, when he supposes his mode of pressing or kneading the stomach and bowels, to move them in the direction of their natural peristaltic motion. This action is no more up than down, nor can it be traced or followed by any mode of external compression or concussion.—The volume ends by two chapters on diet and exercise, which contain the usual directions on these subjects,—directions which physicians always give, every body approves, and nobody follows.

It is gratifying to find that Mr. H. has, according to his statement, relieved so much suffering by his mode of practice; and it is a great pity, for the good of dyspeptics, that he could not have kept his secret longer: for, after all, there are few diseases so much under the influence of the mind as that in question, and we fear, now that the mystery, and the fee which magnified it, are out of the way, the discovery of Mr. H.

will be little more efficacious than the old-fashioned kneading or the shampooing of the East, and much less so than horseback exercise in good company and through a diversified and agreeable country.

OIL OF TURPENTINE IN MERCURIAL SALIVATION.

DR. GEDDINGS, of the Medical School of Charleston, S. C., recommends gargles of the terebinthine oil, in that distressing consequence of the use of mercury, which has baffled hitherto all the attempts of the Faculty to arrest it. In the hospital and private practice of Dr. G., many remedies had been tried in this affection without benefit. Sulphur had always disappointed his expectations. Emetics had afforded relief but seldom. Cold was not always a safe application. Opium did little else than relieve pain. Astringent gargles were rarely of use. Porter had sometimes succeeded; and the *Rhus Glabrum* had never been tried. About two years ago, he commenced the use of the gargle of turpentine; and in an extensive practice since that time, it has always afforded satisfactory results. His mixture is 2 drachms of the oil of turpentine to 8 ounces of the mucilage of gum arabic, to be used frequently every day. If smarting is at first produced, it is transient, and even a stronger mixture has been sometimes used with safety and success.—This is a valuable discovery. In a previous number we have spoken of the efficacy of blistering the neck in cases of salivation,

but the gargle of Dr. G. is certainly preferable, if it proves as curative in other hands as it has proved in his.

PREMATURE LABOR.

DR. CAMPBELL gives a case of premature labor, artificially excited, in the *Edinburgh Medical and Surgical Journal*. The foetus was born alive, but afterwards perished from convulsions, in consequence of the injury received during birth. Dr. C. is a decided advocate for inducing premature labor in cases of moderate deformity of the superior strait; but contends that the child's safety is much endangered by puncturing the membranes and allowing the liquor amnii to escape. He says it is merely necessary, by means of the finger or a small catheter, *to separate the membranes from the uterus for a short distance*. Labor usually supervenes in from three to seven days. The patient should walk about, and occasionally take a cathartic. She should avoid straining, so that the membranes need not be ruptured, if possible, until the head is about to make its exit from the vagina. In this way the child suffers less from pressure.

Chilblains.—Professor Graefe, of Berlin, states that in the management of these affections, when the pain is considerable, he has found much advantage from the application of leeches. But when the pain is, from the first, moderate, or has been mitigated by the abstraction of blood, a solution of chloride of lime affords more relief than any other application. He employs it in the proportion of one part of the chloride to twenty-four parts of water, which is to be applied to the part by means of thin pledgets wet with the solution.—*Journ. fur Chir. und Aug.*

Staphyloraphy.—M. Roux performed this operation successfully

on a man, at the Hôpital de la Charité, May 4th, 1830. The division was congenital and limited to the soft parts. This is the forty-eighth case of divided palate in which M. Roux has performed the operation of staphyloraphy.

Disinfecting Powers of Chloride of Lime.—M. Poutet, of Marseilles, says, that this substance cannot be used with advantage in destroying the bad odor of fish or marine animals, for that it evolves one as bad as any they can previously possess. The powder added with a little water to fresh or salt fish, cut into small pieces, evolved such an odor of bromine as to be insupportable. The muscle of putrid fish produces a still worse smell, and the same thing took place with other marine products, as shell-fish, sponges, &c. —*Quarterly Journal of Science.*

Impure Salt in France.—An account has lately been given to the Academy of Medicine, of certain impurities in common salt. The salt used in Fere-Champenoise and the neighborhood having induced violent colic, accompanied with swelling of the face, in many of the inhabitants, M. Cosmenie has examined it, and found in it bromine, bromide of sodium, iodine, and iodide of potassium. Several of the members had been charged with the examination of the salt used in Paris. M. Baruel had met with some containing iodine. M. Chevalier had examined many specimens of salt that had been seized, but had not found iodine in any of them. Some of them had been adulterated by the admixture of sulphate of soda.—*Bul. Univ.*

Dangerous Plant among Water-cresses.—The procumbent water-

parsnip, *Sium nodiflorum*, is a dangerous plant of the umbelliferous class, which grows mixed with water-cresses in springs and streams. When not in flower, it so much resembles the latter, that it is with difficulty distinguished except by a botanist. Water-cresses are of a deeper green, and sometimes spotted with brown, and the extremities of the leaves are more round, and especially the last leaves, which are in pairs, larger than the others, and undulated at their edges. The water-parsnip, on the contrary, is of a uniform green; the ends of its leaves are longer and narrower, conical at the extremities, and toothed at the edges. The best method of knowing them well is to examine them in July, when their flowers are expanded, and when they may be thoroughly distinguished from each other.—*Quarterly Journ. of Science.*

Extinguishment of Fires in Chimneys.—A few pinches of flowers of sulphur thrown at short intervals upon the coals or wood burning in the fireplace, will speedily extinguish the most raging fire in a chimney. A wet cloth should be hung before the fireplace. This method has been effectually tried at the mint in Paris, and has received the sanction and recommendation of D'Arcet, Huzard, Labarraque, Peilletier, Berard, and other reporters.—*Ann. de Chim.*

Cincinnati College.—We perceive by the message of Governor Trimble to the Legislature of Ohio, that there are 150 students at the Medical College in Cincinnati.

In Dr. Robbins' communication of last week, second column, page 723, for "less than 15 drops," read *less 15 drops.*

Whole number of deaths in Boston the week ending December 17th, 25. Males, 11,—Females, 11. Stillborn, 3.

Of convulsions, 1—croup, 2—lung fever, 3—consumption, 4—unknown, 2—liver complaint, 2—old age, 1—dropsy on the heart, 1—inflammation on the lungs, 1—mortification, 1—quinsey, 1—intemperance, 1—strangury, 1.

ADVERTISEMENTS.

WILLIAMS ON DISEASES
OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.
Dec. 6.

BECLARD'S GENERAL ANA-
TOMY.

CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TIGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 183 Washington Street.*

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

NEURALGIC DISEASES.

ATREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN

TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, 8 Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS
AND CHEMICALS.

STUDENTS in want of the above Articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15. ep3m

ABERCROMBIE ON DISEASES
OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MA-
NUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

THE AMERICAN JOURNAL OF MEDICAL SCIENCES, No. 13, for November, 1830,—Just received by CARTER & HENDEE.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

I.

SOME REMARKS ON THE PATHOLOGY
AND TREATMENT OF DYSMENOR-
RHŒA.

By JOHN EBERLE, M.D., &c. &c.

THE pathology of this very common and painful affection of females, does not appear to be well understood. Some writers, and among these Dr. Dewees, seem to think that this complaint depends invariably on the formation of pseudo-membranous substance over the internal surface of the uterus, by which the orifices of the menstrual exhalants are obstructed. Such membranous structures are indeed frequently present in this disease, and they unquestionably impede menstruation where they do exist. It is nevertheless equally certain, I think, that difficult and painful menstruation sometimes recurs without any such mechanical impediment. I have known young females invariably afflicted with extreme pain, at each catamenial period, for several years, without the discharge of any substance of this kind. It must moreover be observed, that painful menstruation is by no means always attended with a scanty flow of the menstrual fluid. Burns makes this observation; and I have myself met with several remarkable instances.

Dr. Dewees observes that there are two distinct states of this af-

fection. In one, the mammæ sympathise with the uterus, and become tumid and more or less painful: in the other, no perceptible alteration in the state of the breasts occurs: The former of these varieties, he says, is much more manageable, than the latter, and this accords entirely with my own experience. The Doctor does not offer an explanation of this circumstance. It appears to me to admit of one. I have observed, for instance, that in nearly every case where the breasts became tumid and painful, the concreted pseudo-membranous substance (if any is cast off) is thick and of much consistence; and in those where the mammæ do not sympathise, it is usually thrown off in the form of a thin membrane. In the former case, the cavity of the uterus is much more distended, approaching the condition of early pregnancy; and we may presume that this state would be most apt to awaken the uterine sympathies, and thus to excite the mammary glands. Such cases too are more readily removed, because much less expulsive effort is necessary to separate and expel a considerable mass, than a thin membranous concretion adhering to the inner surface of the uterus.

Dr. Dewees' views concerning the pathology of this affection, appear to me not only contrary to sound pathological principles, but

most unequivocally also to the import of its essential phenomena.

"In another place," he says, "I have declared that the menstrual fluid is the product of a secretory process. I have there given my reasons for this opinion: I therefore now assume it as a principle; and, upon this principle, attempt to account for the formation of the membranous production, so often yielded in dysmenorrhœa. But, before I attempt an explanation of the formation of this membrane, I must again direct attention to a very remarkable circumstance in the character of the menstrual blood, namely, its not possessing the property of coagulation. From this, it appears that the blood, or a part of it, has suffered some change by the action of the uterine vessels; and that this change has been imposed upon the coagulating lymph, by the process of secretion. I have assigned reasons for this change, when speaking of menstruation. Now it is not difficult to suppose that the uterus, like every other organ, may have its functions impaired; in consequence of which the texture of the coagulating lymph, instead of being subdued as it is wont to be, when the uterine secretory action is perfect, it remains nearly the same as when it entered this viscus—except that it may be attenuated, as in some inflammatory diseases: and it will, from this imperfect elaboration, be thrown into the cavity of the uterus, without being dispossessed of the power of separation and of coagulation. It is poured into the uterus in a very gradual manner; and, from this circumstance, may tarry there sufficiently long to separate into its constituent parts: the colored part, or red globules,

from their greater weight, will leave the imperfectly-subdued coagulating lymph, and fall to the bottom of the uterus, and sooner or later be discharged,—while the coagulating lymph, either in part or altogether, will be left to spread itself over the internal face of the uterus, and these quickly assume, as is usual with it when in contact with living parts, the appearance of a membrane."

From these observations, it appears that the Doctor considers a weak state of the uterus, or rather an impaired secretory function of this organ, as the immediate cause of the production of the membrane in question. Unquestionably the menstrual action is deranged; but so far from this derangement being the result of deficient uterine excitement, all the attending phenomena of the disease favor the idea that the excitement in the whole uterine system is morbidly increased, and that it approaches to the state of inflammation. The sense of fulness and pain in the pelvis, loins and thighs,—the accelerated and often tense pulse,—the hot and feverish skin,—decidedly indicate a congested and irritated state of the pelvic organs. Analogy also affords us good grounds for this opinion. Lymph is never thrown so as to form membranous concretions, except from inflamed or highly irritated surfaces. The formation of such membranous structures is indeed generally regarded as the most certain evidence of previous inflammation of the part upon which they appear. The opinion that dysmenorrhœa is a sub-inflammatory or highly irritated state of the internal surface of the womb, or of the uterus generally, is moreover supported by the fact that all *active or stimu-*

lating emmenagogue remedies greatly aggravate the painful symptoms of the disease. Would this be the case if the disease depended on an impaired action of the uterine vessels? The general or constitutional habit apparently most favorable to the occurrence of this disease, goes also to confirm the view I have taken of its character. It is seldom met with in debilitated, relaxed and phlegmatic habits. Robust, irritable and sanguineous young females, are most subject to it.

In consequence of impaired function of the secretory vessels, the blood, says Dr. Dewees, is thrown out with its power of coagulation and separation undiminished. In what then does it differ from ordinary hemorrhage? In nothing, it would appear, according to his notion, except that "the lymph is perhaps somewhat attenuated, as in some inflammatory diseases. But if membranous encrustations of lymph arose from the slow effusion of coagulable blood, ought we not to meet with such structures in slow uterine hemorrhages where the blood retains its power of coagulation and separation? This, however, does not occur.

I presume that the uterine vessels in this affection are much congested, and in a state of morbid irritability terminating in high irritation or sub-inflammatory action. The discharge at first flows for a short time, but the action of the secretory vessels soon transcends the grade of menstrual secretion, and instead of the regular catamenial fluid, lymph only is secreted by the irritated vessels, giving rise to the membranous structures in question.

From much attention to this

affection, I am inclined to regard it as frequently of a rheumatic character. I have seen it alternate in two individuals with rheumatic pains in the joints of the inferior extremities, and I have succeeded frequently in removing it completely by the remedies deemed most effectual in rheumatic complaints. That rheumatism is apt to fix upon the uterus, has been repeatedly observed. Cazenave states that he has frequently known rheumatic inflammation to fix upon the womb, and to give rise to very painful affections in this organ.* I have lately met with a striking instance of this kind. A young lady had been subject, for many months, to occasional pain and swelling of the knees, elbows and wrists. Her menstrual functions continued regularly. Six months ago, she took flowers of sulphur to relieve her rheumatic affection. The articular pains and inflammation subsided, but she has since suffered extremely, at each menstrual period, from the ordinary symptoms of dysmenorrhœa.

I shall not enter into a detail of the various remedies and modes of treatment that have been recommended in this affection. It may be sufficient to say, that the best palliative during the presence of the disease, so far as my own experience enables me to decide, is opium, with camphor and ipecac. For the radical cure of this affection, Dr. Dewees recommends the tincture of guaiacum; and it is without doubt entitled to considerable attention as a remediate agent in this complaint. I have used it with success in a few cases, though I have been frequently disappointed

* Memoir on the Treatment of Rheumatism.

with its employment. The remedy which I place most confidence in is the extract of the *stramonium*, or the tincture of the seed of this plant. I prescribed it at first on the presumption of the rheumatic character of the disease, and I have had much reason to be satisfied with its effects.

Miss A. M., aged 18, from the first appearance of the menses, regularly suffered the most severe pains at each menstrual period. A moderate discharge usually came on, and continued only for a few hours. She was of a full habit, florid complexion, and in other respects in vigorous health. The pulse during each attack was accelerated, quick and tense; her bowels were usually confined, and the stomach irritable. She was at first bled, and a saline purgative prescribed, with a simple and unirritating diet. The bleeding was repeated in about ten days, and another dose of epsom salts administered. Eight days before the expected menstrual period, she began to take the extract of *stramonium*, in quarter grain doses, four times daily. The medicine was continued until slight vertigo ensued, which occurred on the third day. The menses appeared in a few days, but with much less suffering than formerly. During the ensuing interval, she was again bled to the extent of eight ounces, and a dose of sulph. magnes. prescribed. Six days before the next menstrual period, she again took the *stramonium* as before. The menses ensued more copiously than they had ever done before, and with scarcely any suffering. By continuing the use of this narcotic, in the manner

mentioned, for four menstrual terms, the complaint was entirely subdued. A slight flocculent or membranous substance was discharged at the third period after the use of this medicine. I could relate other instances which terminated equally favorably under the use of the *stramonium*. My friend, Dr. M'Clintock, has tried it with success in a case of this kind.

What would the tincture of *colchicum* do in this complaint? I have not used it; but its analogous powers with *guaiacum* and *stramonium* in rheumatic affections, justify the suspicion that it might be useful.

Mr. Patin, in a late number of the *Revue Medicale*, has published some cases, from which it would seem that the acetate of ammonia will often speedily suspend the excruciating pains of dysmenorrhœa—but more particularly those which attend carcinoma uteri. I have used it in this latter affection with manifest palliative effects.—*Western Jour.*

II.

EFFECTS OF BLOODLETTING.*

THE question of the morbid effects of loss of blood appears to me not to have sufficiently engaged the attention either of the physiologist or of the practical physician; yet to both they offer objects of inquiry of great interest and importance.

To the physiologist, the phenomena of syncope, of reaction, and of sinking, present innumerable objects for his consideration, of the very deepest interest. The

* From the Introductory Observations to Marshall Hall's work on Loss of Blood.

influence of syncope on the functions of the brain, of the heart, of the capillary vessels, of the lungs, of the stomach, &c. ; the phenomena of reaction, excessive or defective ; but especially the phenomena and influence of the sinking state, or state of failure and decline of the vital powers, in their relation both to the nervous, the circulating, and the organic systems,—severally present objects for our investigation, in a physiological point of view, at once of much novelty and of the highest utility.

To the physician, the symptoms of reaction, so similar to those of some inflammatory affections of the head and heart, and the phenomena of the sinking state, so similar to those of some other affections of the head, and to those of some morbid affections within the chest and abdomen, present subjects for his observation of the utmost moment in actual practice.

The morbid effects of loss of blood may be divided into the immediate and into the more remote. Besides syncope, from its slightest to its fatal form, the former include delirium, convulsions, and coma. The latter comprise the states of excessive reaction, of defective reaction, of the gradual failure of the vital powers, and of more rapid or sudden sinking or dissolution. The former, the different forms of syncope at least, are comparatively well known. The latter appear to me not to have received the degree of attention due to them. No author has described with accuracy the secondary or more remote effects of loss of blood, under the various circumstances of repetition, or continued flow, in which it may

occur. And yet when we reflect how constantly bloodletting is employed as a remedy, and how frequently hemorrhage occurs as a disease, it must evidently be of great moment to trace the symptoms and effects of a diminished quantity of blood upon the different functions of the human body.

This inquiry possesses a still higher interest in a practical point of view ; for, as I shall immediately explain, some of the most obvious and striking effects of loss of blood, or those of reaction, are such as to suggest the idea of increased power and energy of the system, and of increased action in some of its organs, and to lead to an erroneous and dangerous employment or repetition of the lancet, when a directly opposite mode of treatment is required ; while the state of actual but protracted sinking frequently resembles a state of oppression of the brain, or of congestion of the lungs, so accurately, as to prompt the unwary practitioner to a still more suddenly fatal use of the lancet.

There is another point of view in which the effects of loss of blood become interesting in the practice of physic. I have already stated that the symptoms of reaction from loss of blood, accurately resemble those of power in the system, and of morbidly increased action of the encephalon, and that from these causes the case is very apt to be mistaken, and mistreated by the further abstraction of blood. The result of this treatment is in itself again apt further to mislead us ; for all the previous symptoms are promptly and completely relieved ; and this relief, in its turn, again suggests the renewed use

of the lancet. In this manner the last bloodletting may prove suddenly and unexpectedly fatal.

The next point for our consideration is the influence of the age, the strength, and the varied constitution of the patient, in modifying the effects of loss of blood. On these greatly depends the tendency to defective or to excessive reaction, and to the state of sinking. So that the effects do not correspond with the measure, or even a comparative measure, of loss of blood, in different subjects. Sometimes there is no reaction. At other times the reaction is excessive and even violent. In a third instance we may be surprised by the sudden accession of a sinking state, or even of the symptoms of immediate dissolution. I think the whole of these varied and even opposite phenomena admit of a ready explanation. In general it may be said that reaction is principally observed in connection with strength of system; in infancy and in old age reaction is slight; exhaustion from loss of blood is then most apt to show itself in the form of failure or sinking of the vital powers.

But a question still more interesting even than this, is that of the influence of different diseases in inducing in the system resistance or susceptibility in regard to the effects of loss of blood. The discussion of this subject, and its application to practice, are reserved for the second part of this work.

The next point for our consideration, in the inquiry into the morbid effects of loss of blood, is that of the organic changes induced during the state of sinking. These are chiefly observed in

the brain, in the cavities of the serous membranes, in the bronchia, in the lungs, and in the track of the alimentary canal; under the forms of effusion, œdema, and tympanitis.

We must consider, in the last place, the proper mode of treating the effects of loss of blood, both constitutional and local. This discussion will involve many very interesting questions.

The effects of loss of blood, then, require to be traced successively in their relation both to the central and to the ultimate parts both of the nervous and vascular systems. They involve questions of the deepest interest in regard to the physiology, pathology, and treatment.

III.

CASE OF THE MEXICAN DWARF,

Who died of "Phthisis Pulmonaris," in Bellevue Hospital, on the 6th of August, 1830.

Reported for the American Lancet,

By Dr. JOHN G. VOUGHT, New York.

THE Mexican Dwarf, *Don Signor Captain Bicenta Florus*, was of a peculiar and remarkable structure, and the smallest man yet known of the present age. His height was thirty-six inches; his head nearly double the size of that of a common man: his legs and arms were very short, the joints thick, and which appeared, as some have expressed it, to be double. He was 62 years old, of a dark complexion, with black hair and eyes, and was exhibited as a show in a very damp room at the Masonic Hall, where he received a violent cold.

May 21st, 1830, ten o'clock,

A.M., I was first sent for to visit this little man; found his pulse 120, full and strong. On inquiring of his faithful attendant and interpreter, Mr. Dally, I was informed that the Dwarf's pulse was always quicker than other men's, and was generally from 95 to 100 beats in a minute. He was now laboring under extreme difficulty of breathing, and pain in the right side and breast, together with a tight cough, which had been his situation for several days: during this time he refused to have the advice of a physician, and would take no medicine. He was also in the habit of drinking spirituous liquors daily, not to produce intoxication; but was constantly belching up an acid gas from his stomach. He had taken but little food for three days, and had no alvine evacuations during this time. His skin was hot and dry.

Under these symptoms, I took from his arm twenty-four ounces of blood, which was very black, and turned buffy, indicating an inflammatory state of the system. The bleeding immediately relieved him from severe pain, and he also breathed with more ease, and his pulse was reduced to 100. Ordered the following:—

R. Sennæ ʒi.
Manna ʒi.
Sub. carb. soda ʒi.,

infused in one pint of boiling water, and half a pint to be taken every hour till it operated freely.

4, P. M.—His skin was moist, and the acid belchings subsided; had some pain at intervals; no operation by stool from the medicine; pulse again increased. Ordered a dose of Epsom salts in warm water.

22d, 9, A.M.—Found the medicine had operated well, but he passed a restless night; pain returned; pulse 125, full and strong; coughing increased, with no expectoration; skin again hot and dry. Bled twelve ounces from the arm, applied a blister on the thorax, and ordered

R. Pulv. dover ʒi.
Sup. carb. soda ʒi.

Mix, and divide in six powders—one to be taken every two hours, in warm tea, till a perspiration commenced

8, P. M.—Found the skin moist; pain subsided; expectoration free, and the pulse less than 100. Ordered the blisters to be dressed, some gruel for nourishment, and no medicine to be taken during the night.

23d.—The patient was comfortable, except flatulency and difficult expectoration. Ordered

R. Pulv. Rhei. ʒii.
Tart. antim. gr. viii.
Gum arabic ʒi.
Sub. carb. potass ʒi.
Hot water ʒviii. M.

Infuse over a gentle fire for thirty minutes; strain. One tablespoonful every two hours; and the blister dressed twice a day with simple ointment.

24th.—No particular alteration, except being again costive; for which a common laxative powder of jalap and cream of tartar, āā ʒss., was given, and operated well. Seidlitz water was allowed as drink, with soups for diet.

25th.—Last night the patient had taken a fresh cold, and several alarming symptoms again returned, such as delirium, quick and weak pulse, difficult expectoration, and shortness of breath;

dry skin; tongue foul, and covered with a brown fur. Ordered a blister again put on the breast, one back of the neck, and one on each wrist; and the Dover's powder, and soda u. a., together with mustard sinapisms, to the soles of the feet and ankles.

26th.—No material alteration, except the expectoration more free. The same treatment continued.

27th.—The patient rational; his skin moist; expectoration free; pulse feeble, about 100 a minute; spirits low; he thought he was going to die. Being of the Catholic persuasion, he requested an interview with his minister, which was granted.

28th.—Had seen his minister, and was more discouraged than ever about his situation. At this time, every inflammatory symptom had subsided. He coughed a great deal, but expectorated freely and abundantly, with no pain whatever. He refused to take any more medicine, and said if he was deprived any longer of his dram of whiskey, he could not live another day. A small quantity of whiskey was allowed him, on condition that he would take a sufficient quantity of medicine to keep up expectoration and restore tone to his system,—to which he consented.

29th.—His bowels in good order. The following mixture was already prepared, and ordered:—

R. Extract of Eupatorium perfoliatum 3ss.

Gum arabic ʒii.

Ext. Glych. ʒii.

T. Antim. gr. iij.

Ol. Carioph. gtt. viii.

Elix. pargor. ʒij.

Mix: one teaspoonful given in sugar and water every two hours.

This compound was used till the first of June, with no other medicine except a dose of castor oil to move the bowels. During this time, he was free from fever or pain, expectorated freely and with much ease, and no alarming symptoms except a cough and extreme debility, with lowness of spirits. He wished to know what was the reason he could not be cured in two or three days. I informed his keeper that I desired counsel on his case. The answer was, that "he had no money to pay for counsel, and was satisfied with what had been done." I replied, that I would procure counsel; and accordingly called in Dr. Felix Pascalis, Dr. Reese, Dr. Harral, and Dr. Harris, who volunteered their friendly advice, and agreed that the treatment had been correct, and were of opinion that he would recover after a few weeks.

On the suggestion of Dr. Pascalis, the eupatorium mixture was omitted, and the decoction of "*Senega polygala*" used in its stead, sweetened with sugar. This was continued, with no other medicine but gentle laxatives, till June the 6th, when his situation warranted the use of tonics. The cinchona was now added to the senega, and a tepid bath was used. About the 14th, I found him much improved, so as to again exhibit himself before company. He was anxious to get strength more rapidly. Not long after this, I visited him in a friendly way, and found he had taken the advice of some innocent but ignorant friend, and employed one of the "*root and herb doctors*" of the town. He was again confined to his bed, with great debility, profuse expectoration of purulent

matter, and a violent cough. I then declined my visits altogether. What the "root doctor" gave him I was unable to learn; but his complaint was rapidly advancing. On the 26th, I was hastily sent for, as the "little man was dying." He was reduced to a mere "living skeleton," and then in a fainting fit. I gave him a dose of aqua ammonia, and lavender compound. He recovered from the fit, and was soon after sent to Bellevue Hospital, and put under the treatment of the hospital physicians, which I am unable to communicate. He died on the 6th of August, 1830. On this day I was sent to for to embalm his body, to be forwarded to his friends, which was done in the following manner:—

The skin was rubbed with finely powdered alum, according to the plan adopted by the skilful Mr. John Sheldon, in his anatomical cabinet. (See "*New York Medical Inquirer*," pages 253 and 254.) The arteries were injected with alcohol saturated with camphor and spirits of turpentine.

The stomach and intestines were taken out and cleansed; then dipped in a mixture of resin, camphor, and turpentine, and again returned. The weather was warm, which did not admit

of a minute examination of the particular organs or structure of his system. The lungs were nearly decayed, and a great quantity of purulent matter was found in the thorax and bronchia. His liver was nearly half diseased, and was quite spotted.

His lower intestines were inflamed and filled with gas. It was my intention to have injected the carotids with a colored injection, in order to have preserved the natural color of the face; but unfortunately I was disappointed, in not being able to procure the materials till it was too late. From the experience I have had in a practice of this nature, I have no hesitation in saying, that, in the winter season, I could preserve a dead subject to appear as natural as life, which would remain so for ages, if kept from the exposure of the atmosphere. After the viscera were returned to the abdomen, and the integuments closed, the body was put into a cask filled with diluted alcohol saturated with camphor, and alum, cloves, myrrh, coriander seed, cassia, and pyroligneous acid, added,—then sealed up for exportation to his friends. I desired them to communicate to me the condition of the body after it arrived in Mexico.

BOSTON, TUESDAY, JANUARY 4, 1831.

CITY VACCINATION.

THE Committee of the Boston Medical Association, appointed to report some measures for the permanent protection of the citizens against the spreading of smallpox, offered, at an adjourned meeting, the following Report:—

The Committee to whom was referred the communication from the Mayor of the City, requesting the Association to propose some measure, of a permanent character, to arrest and prevent the spreading of the smallpox, have attended to that subject, and respectfully report:—

1. That the measures adopted at

the last meeting of the Association will, as they trust, have the effect to arrest the spreading of the smallpox at the present time, if the same be acceptable to the City Government.

2. That, to prevent the recurrence of the danger, several permanent arrangements appear necessary; and that, if these are satisfactory to the Association, they will require the cooperation of the City Government. The Committee have therefore prepared a Communication to be made by the Association to the Mayor and Aldermen, in which the measures deemed expedient by the Committee are stated. If the Communication, which accompanies this report, be satisfactory to the Association, the Committee propose that it be signed by the Secretary in behalf of the Association, and by their order, and be transmitted by him to the Mayor.

3. The Committee have had under consideration "the expediency of not removing infected persons from the city." The Committee are aware that, if the public were not guarded by the removal of small-pox patients under the present laws of the Commonwealth, the citizens might estimate more highly, and avail themselves more generally of, the security to be obtained by vaccination. But, on the other hand, it is to be remembered that the precautions against the spread of smallpox, which are almost peculiar to New England, and which are very characteristic of the prudence, and of the submission to the laws, of its inhabitants, have undoubtedly saved many thousands of lives in times past; and it is not wise to alter laws from which so much good has been derived, without the most urgent necessity. If the laws and customs on this subject were altered as relates to our city, it is not probable that the people of the surrounding country would be ready to follow the example, and the dread of the smallpox would often deter them from visiting the city, even when called

here by business. Likewise, among ourselves, the varioloid disease would become much more frequent than heretofore, and would be a cause of much suffering, and occasionally perhaps of death. But, further, it appears doubtful to the Committee whether the repeal of the laws for preventing the spread of the smallpox would have all the effect, which has been anticipated, of inducing care on the part of the community in guarding themselves by vaccination. In New York and Philadelphia, as well as in the cities of Europe, where smallpox is allowed to prevail, the caution in respect to vaccination is not sufficient; for we hear of frequent deaths from smallpox in all those cities. The Committee are disposed to doubt whether at this moment there is any one of those cities, in which fourteen fifteenths of the inhabitants are secured from smallpox, as it would seem was the case in our city a month ago. The Committee do not, therefore, recommend any measures with a view to procure an alteration in the laws for preventing the spreading of the smallpox.

4. The Committee have likewise had under consideration the other proposition referred to them, that each member of this Association should give a certificate to every person vaccinated by him; and they recommend that a rule to this effect be adopted. They think that a certificate should be given in cases where the disease has proved spurious, as well as where it has proved genuine; but that, in the former case, there should be added a direction to the patient to call at some specified time to be re-vaccinated.

All which is respectfully submitted,

JAMES JACKSON,	} <i>Com.</i>
JOHN DIXWELL,	
JOHN RANDALL,	
WALTER CHANNING,	
GEO. HAYWARD,	

Boston, December, 1830.

The following is the Address offered by the Committee, and adopted by the Association:—

To the Hon. Mayor and Board of Aldermen of the City of Boston.

The Boston Medical Association, having considered the communication received by them from the City Government, respecting some permanent arrangement for securing the inhabitants of the City from smallpox, beg leave respectfully to offer to the Government the following observations and propositions in relation to that subject:—

The physicians of this Association, in common with their brethren in this country and in Europe, have long been convinced of the efficacy of the cowpox in preserving those who undergo it from the evils of smallpox; and have, accordingly, at all times, promoted and encouraged the practice of vaccination, since the commencement of the present century. That the great majority of the enlightened citizens of this town have placed their faith in this preventive of the smallpox, is apparent by the investigations recently made. It is well known that the proportion of those among us who have had the smallpox is now very small; yet, by the recent inquiry made from house to house under the authority of the City Government, it appears that in a population of more than 60,000, about 4,000 only have not undergone either smallpox or cowpox. The Association doubt very much whether there is so small a proportion of persons thus unprotected in two other cities in Christendom. Of these 4000 persons, it would probably be found that more than one half consists of children born within a year, or of persons who have come into the city within that period. This Association, indeed, might justly wonder if it were otherwise; since the expense of vaccination and

the trouble attending it are so trifling in comparison with its advantages, and since it has been almost, or quite, uniformly the practice of its members to vaccinate gratuitously all who have been willing to ask for the favor, and many who were only willing to receive it.

Still it is true that the city is exposed to inconveniences, and that in every year several lives are lost from the number of persons liable to the smallpox. The Association are gratified to notice the paternal care of the Government in endeavoring to guard against these evils, and will feel great satisfaction in any cooperation in their power for such an important and benevolent purpose.

Physicians, in urging vaccination on those who habitually employ them, are sometimes restrained by the apprehension that they may seem too much influenced by their personal interest. The Association are not ready to believe that this imputation will often be made against them, but, in the proposals they have to make, they wish to guard against any neglect, in pursuing the practice, which may arise from this cause. If the City Government make it their request to every physician, that he should urge vaccination upon every individual not protected against smallpox, as proper opportunity may offer, all difficulty of this kind would be removed.

Taking into view the circumstances mentioned, and others relating to the case, the Association respectfully propose to the City to adopt the several measures now to be mentioned, viz:—

First, that the City Government should request every physician of the city hereafter to propose vaccination to all persons, not protected against smallpox, who may belong to families ordinarily under his professional care; and also request the Directors of the Boston Dispensary to enjoin the same on the physicians of that institution, in respect to the

families in which they may be called to attend officially.

Second, that, to this end, every physician be requested to keep a record of all children born under his care, and that, within six months from the birth of every child so born, he call on the parents and propose that the same be vaccinated; and that he likewise be requested, in his ordinary practice, to inquire, in the families attended by him, whether any persons have lately entered such families, as domestics or otherwise, who have not been vaccinated; that, if this has happened, he propose to vaccinate the same; and that, if any such person considers him or herself unable to pay the fee for vaccination, he then either perform vaccination for such person gratuitously, or point out to the same the office, to be hereafter described, where the vaccination may be so performed.

Third, that the City Government establish an office for gratuitous vaccination in some central situation, to which all persons may apply who find it inconvenient to defray the expense of vaccination.

On this proposal the Association beg leave to remark that, as the object is the public security, by keeping all the inhabitants of the city at all times guarded against the smallpox, it would be expedient to vaccinate, at this institution, gratuitously, all who would apply for the purpose, without scrutiny as to their legal habitancy, or their need of public aid.

Fourth, that the office for gratuitous vaccination be under the charge of the Resident Physician of the City, who shall be responsible for the performance of the duties of the same; but who may be permitted to employ any regular physician of the city as his substitute, whenever he is necessarily detained from attending at the office.

The Association are unwilling to suggest any addition to the highly responsible duties of the Resident

Physician, now so imperfectly compensated, in their opinion, and especially when performed with so much skill and fidelity as by the present officer, without an intimation that they should think an additional allowance of three or four hundred dollars a year ought to be made for the performance of those duties.

Fifth, that it be made the duty of the Resident Physician to give a certificate to every person whom he vaccinates, and who exhibits him or herself for vaccination, in conformity to the rules which he may establish in his office; which certificate shall state that the person named in it has duly undergone the cowpox, or that the result of the inoculation is doubtful, and will need to be repeated at some specified time, as the case may be; and that every physician of the city be requested to give like certificates in all cases in which he may perform vaccination, and that the City Government, from time to time, supply to each member of this Association blank certificates for this purpose.

The Association will suggest, as not unimportant, that these certificates should be printed on cards, as this would facilitate their preservation.

Sixth, that once in every year, when distributing notices in the city for some other purpose, the City Government should distribute some address briefly calling on the inhabitants to remember the evils of the smallpox, from which, by the prudent and wise arrangements of our ancestors, the people of New England have been so happily preserved for many years, and reminding them that our security in time to come must depend mainly on vaccination; and pointing out to them the means afforded by the public for this security, to all who cannot easily pay the small price for which this great blessing can be obtained.

The Association are unwilling to close this communication, without

adding a suggestion which they deem very important. This is that patients under smallpox undergo great inconvenience and hazard in the removal across the water, especially in the cold season of the year; and that it appears to the Association very desirable that some new establishment be made by the city, which shall not require this exposure of the unfortunate subjects of this severe disease.

By order of the Boston Medical Association, and in behalf of the same.

WINSLOW LEWIS,
Secretary of B. M. A.

Boston, December, 1830.

The above having been communicated by the Secretary to the Mayor and Aldermen, it was referred to a committee of that body, in which state it now rests. We shall lay before our readers the result of the commission as soon as made known to us.

CLIMATE OF ST. AUGUSTINE.

THE following extracts from the letters of the Rev. Mr. N., now at St. Augustine, afford further testimony of the value of that place as a resort for those who are compelled by disease to seek a more salubrious climate than our own. They were politely handed us by an eminent member of the profession.

St. Augustine, November.

* * * * A large garden is attached to the house. It looks like June and July at the North—everything green and flourishing. It furnishes a supply of vegetables during the whole year. Orange trees around, hanging with their thirty thousands of fruit.

* * * * I think the climate superior to that at St. Mary's. It is perfectly delightful. You cannot

add unto it. I know of no weather at the North, at any season of the year, to compare with it. It is mild and bracing. It has a pleasing influence on the nervous system. It soothes the feelings, exhilarates, and renders the mind elastic. It may be compared to a pleasant day in June with you, united to the vigor which characterizes November. The sky is most beautiful. Travellers in Italy say that the famous sky there does not surpass it.

Dec. 1st.

A most lovely morning. I write with my windows open. * * *

Dr. ——— came to this place on account of his wife's health. She came near dying in New York of dyspepsia. She is now altogether better—thinks the climate has saved her. * * *

* * * * The *luxury* of the weather—the *indescribable* splendor of our moonlight evenings. Since my residence here, there has been almost invariable clear weather; and climate, in respect to heat and cold, that you would not wish altered.

* * * * There is no danger at all here from the night air. I walked, on Monday evening, between 7 and 10, and met ladies walking in summer dress, and heads entirely uncovered. No one was ever known to take cold from it. This is a peculiarity of the climate just in this region. It is owing, in some form, to the sea. In the lowlands of Florida, all around us, it is very unhealthy, particularly in the summer and fall. Many are brought here sick with what is called the country fever, and a most protracted, obstinate disease.

MR. HALSTED OUTDONE.

AN English chemist of high fame, Mr. John Murray, of Hull, F.S.A., &c. &c., has at length discovered what he firmly believes to be a cure for tubercular phthisis—for far-gone

consumption. His work on this subject, which is dedicated to the Duke of Wellington, contains the result of twelve years inquiry, during which period his thoughts have been exclusively bent to this noble and philanthropic object. In the progress of his investigations, he came to the very rational conclusion, and one which has impressed many other minds, that if any remedy should ever be found out for structural disease of the lungs, it must be some one which may be brought, through the medium of respiration, into immediate contact with the diseased surface; and, when there, have the power of subduing the morbid action, without diminishing the general tone of the system.

At length Mr. Murray believes that he has discovered such a remedy in the *vapor of nitric acid*: and this fact is the more worthy of attention, since it comes from a source where empiricism cannot be suspected. Mr. Murray is well known in the scientific world as author of some valuable works on Chemistry, and has, we believe, been himself a sufferer from the scourge he has striven so sedulously to avert.

We shall take some other occasion to afford our readers a more circumstantial account of this work of Mr. M.

FATAL EPIDEMIC IN RUSSIA.

THE cholera morbus, which has, for the last twelve years, been spreading its ravages in different countries, has recently visited the Russian dominions, and assumed a character of un-

usual malignity. It has reached Astracan and even Moscow, and menaces destruction to other parts of the empire of the Czar. Alarm is manifested at St. Petersburg, and business has been greatly interrupted by the measures of government to exclude from that metropolis, this fearful and fatal scourge. Amidst the political difficulties which engage the mind of his Imperial Majesty, the humane Autocrat appears not indifferent to this important subject. He has offered a reward of 25,000 rubles, 4,888 dollars, for the best dissertation on the nature, cause, prevention, cure, &c., of cholera.

GROWING OF THE NAIL INTO THE FLESH.

MR. RIND is inclined to doubt whether this depends so much on the pressure of tight shoes as is commonly supposed. Be this as it may, when the pressure and irritation of the nail give rise to a fungus from the ulcerated fissure at its side, the matrix is not universally diseased, as in the *onychitis maligna*.

"From an examination of a number of cases of this description, many of which I was enabled to see through the kindness of some professional friends, who were aware of the interest I had taken in them, I have been induced to believe that a very considerable variety exists as to the nature of these affections. In some it consists of a thickened condition of the nail, together with its taking a wrong direction in some part, and growing fairly down into the soft parts. This thickening of the nail is very analogous to the formation of corns, rarely produces much greater inconvenience, is seldom accompanied by fungous growths, and is relieved in a manner similar to that

by which corns are relieved,—by steeping the foot in warm water until the nail is completely softened, scraping down the nail with the edge of a bit of glass, and freeing the toe from the pressure that had stimulated the matrix to too active a secretion of the material of the nail, and thus produced the disease. In other forms of this affection, the nail is not thickened,—on the contrary, its edge sometimes is thinner where it is detached from the subjacent membrane which is pushed against it—becomes fungoid, and thus produces the disease within itself. In this affection, the toe positively becomes altered in shape: it is contracted and turned slightly upwards at the side whereon the nail seems to press; and it is this contraction which forces the soft parts against the edge of the nail.”

The most common operation for this affection has been dividing the nail longitudinally in its whole extent, and then tearing off the offending portion or portions. This is acknowledged to be horribly painful; and Mr. Rynd avers that it is generally inefficacious,—the disease re-appearing as the new nail is formed. In short, he proposes the measure which is adopted in onychia maligna,—the removal of the nail, matrix, and all by the knife. This has been done with uniform success by a particular friend of Mr. Rynd, one of the surgeons of the Meath Hospital.

Med. Chir. Rev.

Deadly Effects of Lobelia and Steam Practice.—A Mr. Kelsey Gray, aged 62, lately died at Montpelier, Vt., while undergoing the operation of lobelia. The wife of Dr. ! Manasseh Litch, who, as well as her husband, is a practitioner on the Thompsonian system, is said to have been present at the decease of Mr. Gray, and continued to apply

steam up to the moment he breathed his last gasp. “The deceased was enabled, the day previous to his death, to walk out into his doorway; and on the day of his death, before the application of steam and the taking of lobelia, was able to walk about his room.” So much for quackery.—*Auburn Free Press.*

City Vaccination.—In pursuance of the advice of the Boston Medical Association for the *immediate* protection of unvaccinated citizens, the City Government have divided the city into the following districts:—

<i>Wards.</i>	<i>Physicians.</i>
No. 1, 2 & 3—First vaccinating dis't.	3
“ 5 & 6—Second “	3
“ 4 & 7—Third “	3
“ 8 & 9—Fourth “	3
“ 10 & 11—Fifth “	3
“ 12—Sixth “	4
Including S. Boston.]	—
	19

Being the number designated by the B. M. Association.

The *First District* has been assigned to Drs. Gregg, Strong and Williams. *Second District*, to Drs. Howard, Smith and Greene. *Third District*, to Drs. Grigg, Thomas and Warren. *Fourth District*, to Drs. Stearns, Robinson and Davenport. *Fifth District*, to Drs. Watson, Perry and Bartlett. *Sixth District*, to Drs. Lodge, Hildreth, Dyer and Ellis.

The Mayor and Aldermen have also ordered that the members of the Common Council, School Committee, and Overseers of the Poor, be requested to act in the capacity of designating the proper subjects of vaccination.

The communication of Dr. Parsons came too late for this number. It shall appear next week.

Whole number of deaths in Boston the week ending December 24th, 18. Males, 10,—Females, 8.

Of apoplexy, 1—consumption, 5—measles, 1—old age, 1—unknown, 4—infantile, 1—convulsions, 1—canker, 1—quinsey, 1—sudden, 1—brain fever, 1.

ADVERTISEMENTS.

WILLIAMS ON DISEASES
OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.
Dec. 6.

BECLARD'S GENERAL ANA-
TOMY.

CHAVE this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES AT BOWDOIN COLLEGE will commence on *Monday, the twenty-first day of February, 1831.*

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.

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[No. 48.]

I.

THE SHAKING PALSY. ITS GENERAL HISTORY, AND MODE OF TREATMENT.

DR. ELLIOTSON, in his lectures at St. Thomas's Hospital, on the cases there admitted, after briefly alluding to them all, says :—

Of these I purpose selecting one for consideration this morning—the case of *shaking palsy*, called in medical language *paralysis agitans*, which I need not say is exactly the Latin for shaking palsy.

The best account of this disease with which I am acquainted, has been given by a general practitioner, now deceased—Mr. Parkinson, a highly respectable man, who wrote a short essay on the subject. We shall call the patient F. E., æt. 38, in Williams's ward, No. 20. Now the disease, according to Mr. Parkinson's definition, is involuntary shaking or tremulous motion of more or less of those parts of the body which are naturally subject to the will ; we shall see that the shaking is, nevertheless, in a slight degree under the influence of the will. With this shaking—this tremulous motion of more or less of the body, there is diminished muscular power in the parts, and the tremulous motion occurs in them when not in action—while the person is not attempting to move them ; and they shake even if you support

them. There is likewise a propensity to bend the head and trunk forwards, and a disposition to change the pace of walking to that of running. Mr. Parkinson also says that the senses and the intellect are unimpaired. His words are—"Involuntary tremulous motion, with lessened muscular power in parts not in action, and even when supported ; with a propensity to bend the trunk forwards, and pass from a walking to a running pace ; the senses and the intellect being *uninjured*."

This disease always commences in some one particular part—for instance, the head ; but I think it most frequently begins in one of the hands or arms. It will continue confined to the part first affected sometimes for months, and even years, or perhaps always, without any other participating in the disease ; frequently, however, though by no means always, it increases both in degree and extent—other parts become affected, and those that were primarily diseased shake more and more, till at last the whole body is in a constant shake. I stated, that although this shaking was an involuntary motion, yet that it was slightly under the influence of the will ; for it may be checked for some moments by a powerful effort. This is often the case in St. Vitus's dance ;—a powerful effort will, for the moment, occasionally

stop the movements of that affection in a particular part. As the disease increases in extent and degree, the person becomes less and less upright; he bends forward; walks on his toes; his steps are shorter and quicker; till at last, in locomotion, he is almost always upon the trot, and looks as if he were in a most violent hurry.

This circumstance of the patient inclining to a running pace is simply owing, I presume, to the disease being slightly under the will. Of course, the greater the effort of the will, the greater will be the control over the disease; and as it is a stronger effort to run than to walk, the patient finds that he conquers the tremulous motion better by almost running than by walking. It is a curious fact, that if the disease remit in one part, it generally increases in another. If, for example, the leg and arm are both affected, as the latter becomes better the former grows worse. So remarkable is this, that if you take hold of the arm and prevent it from shaking, the leg begins to shake doubly; or if both arms are affected, and you hold one, the other shakes more violently. This too is noticed in St. Vitus's dance. A change of posture, when the patient is shaking to a great degree, will partially arrest it. This disease agrees with chorea in another circumstance,—the motion ceases during sleep. But when the disease is advanced, and the shaking becomes intense, the same phenomena again take place as in St. Vitus's dance,—there is a continuance of the shaking both during sleep and the waking state.

In the usual progress of the disease, the voice is affected: it is usually not, however, till the ex-

trémities and the head have been affected for some time and to some extent, that the voice experiences a change. But at last the muscles of articulation suffer, and of course the muscles of deglutition and mastication, so that speaking, chewing, and swallowing, are all exceedingly difficult. The urine and feces at last pass involuntarily, and emaciation takes place, and there is a general decay of the whole system.

This is the progress of the affection when it continues to increase; but very frequently no augmentation takes place. You will see a person with a shaking palsy of the head, go on for years without any increase of it, and without the disease extending either to the extremities, the trunk, or the muscles of deglutition, mastication or articulation. You will sometimes see a person affected in one hand, without any extension of the disease. Mr. Parkinson gives a curious case in which a regular paralysis-hemiplegia took place: and the parts which became paralysed ceased to shake; and when the hemiplegia ceased, the shaking returned.

Now this disease is to be carefully distinguished from the tremulous agitations of drunkards. You are aware that those persons who are in the habit of drinking have shaky hands; and this sort of tremor is induced not only by spirituous and vinous liquors, but also by tobacco, strong tea, coffee, and other narcotics. If these are taken in large quantities for any length of time, habitual tremulous motions are produced; and it is only on discontinuing the use of tea, tobacco, strong coffee, &c., that the tremor will cease—which it sometimes will entirely, if these be

given up, though it seldom does if the cause has been wine or spirituous liquors. This kind of tremor generally affects both hands, and commences or increases on an effort being made to take anything into, or do anything with the hand. If a person so affected take up a pen, he can scarcely write; or if he attempt to raise a glass of wine to his lips, he nearly spills it. The degree of tremor generally corresponds to the degree of effort. But in paralysis agitans the circumstances are just the reverse;—a strong effort will, for a few moments, suspend the disease, and in this way you may distinguish between the two affections. The tremor likewise affects at least both hands simultaneously, and does not extend progressively from one part of the body to another. The distinction between the tremor of drunkards and other shaking motions, have been mentioned by Galen, Sauvages, and others; but the disease called shaking palsy was not well characterized till Mr. Parkinson wrote his Essay, in 1817.

Such is the usual course of the disease, but in the present case there is some little variety. The patient is 38 years of age; he has had the disease eighteen months, has been a schoolmaster, and I believe has, at different periods of his life, indulged in drinking. It is his right upper extremity which is now affected; but although the right lower extremity does not shake, it suddenly contracts—is retracted when he attempts to walk. The disease, in this instance, began in the head and the tongue. It is by no means uncommon for it to commence in the head in general, and extend to the other parts. His head, however,

does not now shake, except occasionally, and there is this curious fact in the case—that the tongue was one of the first parts affected, though that organ seldom becomes the seat of the disease until it has extended considerably over the body. The head may be observed to shake a little now, but the tremor has declined there very materially, and has gone to the arm. The affection of the tongue is very singular. When he attempts to speak, his tongue begins to vibrate like the tongue of a serpent; he makes an indistinct noise, a kind of murmuring, and then suddenly brings out his words with great rapidity; and having once commenced, he cannot stop himself, but repeats the last words of the sentence three or four times over. This is perfectly analogous, I presume, to the circumstance of a patient's running instead of walking, when the lower extremities are affected;—they cannot influence the muscles but by a violent effort, and then indeed they cannot easily stop themselves. I have written in the case-book—"Before he can speak he makes a confused noise, a kind of murmuring—then he speaks rapidly, and slurs his words together; he repeats not the whole sentence, but the last few words several times; and these efforts make the tongue and the right arm shake violently. Such is the effort of speaking, that he cannot avoid shaking the right upper extremity. He sleeps well, his appetite is good, and in other respects, except the shaking, he appears to be in tolerable health. Sometimes, after a good night's rest, on awaking he is perfectly still, but he is not awake long before the tremulous motion commences.

The only other symptoms present are great costiveness, so that he has only about two stools a week, and when he is at all anxious, he has pain of the head;—the latter symptom is not constant, but any mental anxiety produces it to a considerable degree.

As to his history, he has not always been addicted to drinking, but at several periods of his life he has drunk very hard. He appears also to have had much mental suffering.

With regard to the nature of this disease. In many cases, there is no doubt that it depends upon some organic affection. Mr. Parkinson gives a dissection where the lingual and brachial nerves had become tendinous, and the medulla oblongata was very compact and very large. When you see a person gets worse, and remedies seem to make no impression upon the disease, and he grows emaciated, it is impossible not to suppose that more or less organic change has taken place in the nervous system; especially those parts which are most connected with the muscles of volition—the medulla oblongata, the medulla spinalis, and the nerves of voluntary motion.

In many cases, however, the disease is not of this nature; for it ceases on the employment of active treatment, and is of temporary duration. In young persons, especially in females, I have seen it several times begin without any obvious cause, and cease entirely; and in nearly all these cases there has been a high degree of costiveness. In old persons, none of these circumstances are observed—only in the young, in whom, I presume, it seldom depends upon organic disease, but

upon congestion, or some inflammatory state; some state, at least, not organic—not structural.

The patient appears to have had a fall two years ago, by which his head was slightly contused. Now, although there was only a slight contusion, it is impossible to say what mischief was done. The slightest injury to the head will sometimes be productive of the most serious consequences at a subsequent period of time. It is quite surprising to observe the length of time at which, subsequent to the receipt of injuries in various parts of the body, and perhaps especially of the head, organic disease will take place. We should consider that this man has been accustomed to drink, and had suffered much mentally; both which circumstances might have been predisposing causes;—and it also appears that 18 months ago he was mercurialized; two years ago he met with the fall;—all these circumstances may therefore have coöperated. From the circumstance of the disease having followed a fall, I confess I am less sanguine with regard to the prognosis than if that had not taken place. It is very probable that chronic inflammation, or the consequences of inflammation—thickening and change of structure of various kinds—may have commenced.

With respect to the *treatment* of the disease. If we can ascertain that there is any fulness in any part of the nervous system, or any inflammation, the treatment should consist in bleeding locally or generally, or both—in purging and mercurializing—in employing setons, issues, moxas, &c. If there be nothing of this kind—if there be no reason to

suspect fulness, or inflammation—if the patient be not of a plethoric habit, and no local pain nor tenderness be felt—then such treatment is, for the most part, inefficacious. I would, therefore, not have recourse to treatment of this description unless there was a plethoric habit, or evident marks of inflammation, or fulness in some part of the nervous system; or unless there had been some injury, the effect of which we should necessarily suppose to be chronic inflammation. Almost all nervous diseases, whether convulsive, spasmodic, or paralytic, may arise from, or be dependent upon, inflammation or congestion, or upon some peculiar state which we do not understand. I know of no mode of distinguishing these varieties of the disease, except what I have already pointed out. When we cannot ascertain that the disease has arisen from mechanical injury, and there is no local pain or tenderness, or fulness of the system, stimulants, tonics, electricity, the shower bath, and various remedies—the operation of which we do not understand—iron, sulphate of zinc, copper, nitrate of silver, and in short all those minerals which belong to a class of remedies, each of which do good, and has a peculiar operation on the nervous system, distinct from that of narcotics, perfectly inexplicable—often prove efficacious in this and all other convulsive, spasmodic, and paralytic diseases. The present patient appears to have been both in the St. George's and Middlesex Hospitals; and from what I have learned of his previous treatment, I have directed the plan which he is now undergoing. I find that, very rationally and properly, in St. George's Hospital, he had been cupped and bled frequently; that counterirritation had been produced by means of blisters, so that a copious discharge was kept up from the back of the head and neck; and that he had been kept on low diet. The plan which it was reasonable to pursue in such a case, where the patient was in the prime of life, the habit full, and a blow had occurred—this general and local antiphlogistic treatment, which is often successful in nervous diseases, had been pursued in vain. I find likewise that in the Middlesex Hospital, it having been ascertained that these means had proved unsuccessful after full trial, stimulants and tonics were administered to him—porter, good nourishment, camphor, and various stimulant remedies; and although these did not cure him, this mode of treatment was as fully justified after the former, as the former was in the first instance. As he was of full habit, the treatment began with antiphlogistic means; and in failure of them, recourse was had to stimulants. Among the various remedies which do good in the diversified diseases of the nervous system, I believe the most valuable, and at the same the most safe, is *iron*. Upon the whole, I have succeeded better with that than with any others, though in epilepsy it rarely does good. I have been much more successful in the treatment of St. Vitus's dance with iron than with any other internal mineral remedies, although their efficacy cannot be doubted. It is far less nauseating and griping than copper; it does not produce the same inconveniences that arise from arsenic,

nor the sickness which results from sulphate of zinc ; nor does it produce that blackness of skin which is the effect of nitrate of silver, and the chance of which makes me always unwilling to employ it. Knowing, therefore, the treatment which the patient had previously undergone, and hearing from him that he was always better the more he was strengthened, I ordered him two drachms of subcarbonate of iron three times a day, and a pint of porter at dinner. He is a superior sort of a man, and very desirous of recovery, and I do not imagine that he would deceive me by telling me he was better for invigorating measures, if he were not. It is certainly necessary to remedy the state of costiveness under which he labors, but I do not suppose that purging would cure his disease, though I am perfectly aware that where there is congestion or inflammation, or an approach to it, purging frequently does cure patients with various nervous disorders. But, on the whole, I really have been disappointed in the use of purgatives, though I acknowledge their value in various diseases of the nervous system. If there be no reason, in this case, to suppose congestion or inflammation, still the bowels are costive, and that is a state to be remedied, for constipation must make the disease worse. Under these circumstances, I have ordered him to take half a minim of croton oil daily, in order to keep his bowels freely open ; for though purging him may do him no good, and, by debilitating, would probably make him worse, yet constipation will be sure to do him harm. There is another reason also why cos-

tiveness should be obviated ;—the iron would be liable to accumulate in the alimentary canal. The carbonate is a bulky remedy, and if any deficiency of the alvine discharge occurs, it will of course accumulate. I usually administer it in treacle, because treacle has a tendency to keep the bowels open.

It is not very often that I have a case of this description in the hospital, but I have been successful where the disease has occurred in young persons, by bleeding, cupping, and purging. I once, however, had a case in this hospital, where, after all this treatment was gone through, just as it has been pursued in the case of F. E., I gave the man sulphate of zinc, which he took in large quantities in vain ; and then I gave him iron, when his symptoms presently gave way, and he was permanently cured. I have had several cases under my care of this affection in elderly persons, where I administered iron in vain, and this, I have no doubt, because organic disease existed. I cannot say whether there is organic disease in the case of this individual or not ; but I am quite sure that antiphlogistic means now will be of no use : they have been already well employed, in addition to which there is at present no sign of inflammation. Whether after a time organic disease may clearly develop itself or not, it is impossible for me to say.

II.

ON THE ACRODYNIA, OR EPIDEMIC WHICH HAS REIGNED IN PARIS AND ITS ENVIRONS, SINCE THE YEAR 1828. BY M. CHARDON, JUN.

From the Medico-Chirurg. Review.

THIS epidemic, although it has not consigned so many of our continental neighbors to their long homes as the political epidemy of July, 1830, has yet been productive of no trifling misery, both in Paris and its neighborhood, for two years past, nor are its ravages yet at an end. It is one of those mysterious visitations which evidently originate in exhalations from the earth, though the nature of these effluvia is entirely unknown.

This malady, generally unaccompanied by pyrexia, affects in a peculiar manner the nervous system—especially by a painful sense of formication in the hands and feet—as also a numbness that invades first the members, and spreads afterwards to the trunk itself. The cellular tissue of the cutaneous structures becomes affected; the hands and feet swell; and œdema invades the face and several other parts of the body. The formication and painful numbness of the extremities are so characteristic of the complaint, that, both in Paris and in the country, it is known by the name “*mal des pieds et des mains.*” On this account our author has given it a more classical title—ACRODYNIA—or pains in the hands and feet. It appears that this mysterious epidemic has affected immense numbers in France, and was not very dissimilar to the Dandy fever of the West Indies, which spread over so many islands of late years.

The complaint usually commenced by a sense of the most painful formication in the fingers and ankles, spreading thence to the arms, thighs, and even the trunk. The sensation was compared to a thousand punctures made with the point of a lancet. An intense heat aggravates the sufferings of the patients, and obliges them to keep their feet out of bed. The perversions of sensibility are extremely various and distressing. Many cannot put their feet to the ground without feeling as if they were treading on the points of pins or needles, &c. The muscular powers of the members are also much affected. Many people could scarcely move their lower extremities without the greatest suffering. The fingers were usually in a state of permanent contraction. Subsultus tendinum was no unusual phenomenon, together with cramps, spasms, and other torments.

An affection of the mucous membranes was not an accidental accompaniment, but a characteristic feature of the epidemic. Sometimes it amounted to acute gastro-enteritis, was attended with smart fever, and was only of short duration. The functions of the digestive organs were always much disordered. Cholera morbus was occasionally developed in the course of the disease. Inflammation of the conjunctiva was no unusual concomitant, as was also pulmonary catarrh. In short, all the mucous membranes were more or less affected. Dysuria and gonorrhœa were not unusual. The skin was affected in a great variety of ways—but an intolerable sense of stinging, succeeded by erythema, were the usual pre-

cursors of the different complaints. Eruptions of all kinds took place—some resembling urticaria, some like smallpox, and others like chickenpox, pemphigus, &c. In fact, there was no end to the cutaneous affections.

The next train of phenomena consisted in the establishment of dropsical effusions in various parts of the body—œdematous, ascitic, and anasarous. Abundant perspirations were often seen to occur in a periodical manner. Sleep could not be obtained, on account of the irritation and pains. The senses were often suddenly and strongly affected. Some lost sight, or hearing, or smelling, almost instantaneously. The duration of the disease was as various as its symptoms. Some patients recovered in a few weeks—others required several months for convalescence. There are many who suffer to this day from attacks in the early part of 1828. The prognosis was favorable when the disorder of the internal organs was slight—unfavorable in opposite conditions. Immense numbers lost their lives by the epidemic, or by the consequences which it left behind—especially dropsy.

In several of the hospitals, the most rigorous dissections were made, but no light was thrown upon the disease by the scalpel of the anatomist. M. Louis, at La Charité, examined very carefully some who fell victims to the most exquisite forms of the epidemic, and could not find anything to account for the disease itself or the death of the patients. In some of the public establishments, however, it is stated that portions of the spinal marrow were found softened and partially disorganized.

Treatment.—As may be imagined, the means of curing or alleviating this strange disease were numerous employed. Venesection was sometimes found useful, especially in the beginning, and where symptoms of congestion about the head existed. Under all other circumstances, the relief was only momentary—or none at all. Leeches to the abdomen produced no mitigation of the colic and diarrhœa, though the doctrines of Broussais would assure us of their efficacy. They were much more useful when applied along the spinal column. So were cupping-glasses with scarification. Warm bathing was beneficial—especially vapor and sulphur baths. The distressing sense of formication was occasionally soothed by saturnine lotions, and even by unctuous applications. Moxas applied to the spine were advantageous in a few instances. But the most remarkable benefit was obtained by blisters, especially when they were made to produce a purulent discharge. They were applied to the most painful parts, or to the track of the spine. They were dressed with the antimonial ointment.

Emetics were administered internally at the beginning, with some advantage. M. Cayol employed purgatives combined with opiates, and it was said, with success. It is needless to detail the catalogue of internal medicines which were administered by different practitioners and at different hospitals. Few, if any of them, did good, as the disease generally ran its course in spite of physic.

Causes.—Although this epidemic spared no class, yet it chiefly

affected the poor. Among the troops, the officers suffered little, compared with the men. Males were much more numerous affected than females. The bread, the wine, and other species of provisions, were alternately accused as causes of the epidemic, but without the least foundation. The state of the air was suspected, with more justice ; but no appreciable vitiation of the atmosphere was present except a peculiar bad smell, which infested several places where the epidemic prevailed, both in the neighborhood of Paris and in some other places. But the true nature of the cause of this epidemic, as well as that of many others, remains in impenetrable obscurity.

In respect to the principal or primary seat of the disease itself, there has been much diversity of opinion. It was, at first, considered as rheumatismal—again, the spinal marrow was looked on as the principal seat of the malady, as evinced by the formication, the paralysis, and various other lesions of the nervous system. This opinion was strengthened by the fact, or at least the belief, that those remedies which were applied to the spine had most influence on the disease—such as leeches, blisters, frictions, &c. Strychnine considerably aggravated the symptoms. But the fact is, that the skin, the cellular tissues, the mucous membranes, the lymphatics, and various other structures of the body, were affected in this epidemic, and therefore it is not possible to confine its seat to any one organ or part.

Many facts are brought forward to show that the disease was communicable, or, in other words,

contagious. This we have no reason to doubt, since there are few epidemics that do not evince this character at some period of their course. The French physicians, however, have not subjected themselves to criticism, as many English have done under similar circumstances, by broaching the doctrine that the epidemic was *imported* from abroad !

It is hardly necessary to say that almost every kind of treatment was equally unsatisfactory—we might say, with no great violence to truth—INEFFECTUAL !

III.

WHETHER ANIMAL DECOMPOSITION IS
PRODUCTIVE OF FEVER ?

To the Editor of the Boston Medical and Surg. Journal.

SIR,—An absence of some weeks prevented my seeing your correspondent's last remarks until within the last two or three days. I shall trouble him with little more than an explanation of what he regards as an unintentional mistake in quoting his opinions. I wish him to be informed that I did not undertake to quote any expressed words or declarations of his ; but that I assumed it as conceded by him, in common with the profession generally, that yellow fever is referable, in a majority of instances, to decomposing vegetable matter. Presuming that such an assumption would be tenable in reference to him, I ventured to apply the fact to animal decomposition, and to say that as the vegetable kind does produce this disease, though rarely, even under the favorable circumstances of heat and moisture,—so, in like manner, animal de-

composition, under like circumstances, would sometimes, though rarely, produce it; and that the rare appearance of it, from the latter cause, is not more remarkable than from the former.

Now your correspondent expresses a doubt as to the febrific powers of vegetable matter, and thus deprives me of the position I had taken for the purpose of making any such inferences in respect to animal decomposition; but in this it is to be observed that he acts for himself chiefly—for the profession generally, in this country, have conceded that yellow fever is, in a majority of cases, attributable to vegetable decomposition, where the heat ranges from 79 or 80 to 100 deg., accompanied with moisture and abundance of material. With the profession generally, then, the comparison and inference are proper.

Your correspondent prefers discussing the subject of animal decomposition *per se*, saying that "one point is enough at a time." But to this I object. The evidence adduced in my Essay to prove the febrific power of animal decomposition is of two kinds, analogical and positive. The first relates to the similarity of animal and vegetable matter, both as respects their ultimate constituent principles, and the chemical laws that govern their decomposition; and if any material is evolved during the process by one kind and not by the other—by vegetable and not by animal matter—such material has not been found to produce fever by itself in the laboratory, however concentrated, in those who are exposed to its influence. I have shown,

too, that, according to the experiments of Gaspard and Magendie, a solution of putrid vegetable or animal matter, introduced into the veins, will produce the same symptoms, constituting a yellow or putrid fever. From all which, it is fair to conclude that the two substances, so similar if not identical in composition, chemical changes, and results, and in their influence when introduced into the veins, must produce similar effects upon those who are exposed to their putrid emanations. Now all this support from analogy is too much in amount to surrender, because an individual or two, however learned and respected, feel some doubts respecting the febrific qualities of vegetable decomposition; for although with them it may not, in consequence of such doubts, be entitled to any consideration, it must have great weight with a large majority of American physicians.

The second, or positive kind of evidence, consists of seventeen instances wherein putrid or yellow fever has ensued immediately after exposure to putrid animal matter—in most of which there was no other assignable cause. Now your correspondent, after having set aside the evidence from analogy, so far at least as his own opinion and that of a few others is concerned, proceeds to attack the positive evidence, in one case, by mentioning a subsequent recantation of a witness, the late venerable Dr. Rand; and suggests that here, as in a suit at law, the retraction of a single material witness in the case, might lead one to suspect that the others would not bear a strict scrutiny. But I respectfully beg leave to

object to his bringing this case to bear upon the others. If there were one suit, and seventeen witnesses to support it, the retraction of the most material witness would be entitled to great weight, in that single case; but where there are seventeen unconnected cases to be tried, most of them having many witnesses, I doubt whether the ends of justice would be attained in all, by the admission of counter-testimony of a single witness relating to one of the cases only.

That some of the instances I have adduced would lose much of their force by close investigation, is highly probable; but, on the other hand, new ones of a less questionable character have been discovered to take their place. I only wish that what has been said may tend to draw

the attention of the profession, so as to settle the question by further evidence; and particularly that it may engage the further attention and consideration of your correspondent—since there is no gentleman, in Europe or America, whose solution of any difficult medical question I should generally be inclined to regard with so much confidence and respect.

Concerning city interments, conducted as they are, I am not inclined to give an opinion, as to their harmless influence, different from that of your correspondent; but I do believe that putrid fish or hides, in stores or ships at the wharf, during the greatest heats of summer, may become prolific causes of fever.

Yours, &c.

USHER PARSONS.

Providence, Dec. 28, 1830.

BOSTON, TUESDAY, JANUARY 11, 1831.

AMERICAN TRANSLATION OF BECLARD'S
GENERAL ANATOMY.

BECLARD'S Elements of General Anatomy, or description of the different kinds of organs which compose the human body, is a work which has acquired in Europe the high reputation which it richly merits. The importance of this species of knowledge to the Physician is such, that it is universally regarded indispensable in a thorough professional education; and we know of no source of this knowledge so eligible as the work of M. Beclard.

It has been translated into Eng-

lish by the celebrated Dr. Knox, of Edinburgh; and another version of it, in the same tongue, has recently issued from the press of Carey & Lea, of Philadelphia. This last is by an American gentleman, Dr. Joseph Tongue, member of the Philadelphia Medical Society: and lest we should be accused of a kind of partiality so prevalent among the inhabitants of another country, when we give the decided superiority to the American translation, we will present a few of the specimens presented in this work, in justification of this opinion.

Dr. Knox's Translation.

Text.

Dr. Tognò's Translation.

Page 371.

Page 301.

P. 210.—Par. 450.

In the neighborhood of the heart, the venous trunks which are destitute of valves alternately experience, during the contraction of the auricles, a reflux of blood which makes them swell out during the relaxation of the auricles.

Au voisinage du cœur, les troncs veineux qui sont dépourvus de valvules éprouvent alternativement, pendant la contraction des oreillettes, un reflux du sang qui les fait gonfler, et un flux rapide qui les fait affaïsser pendant le relâchement des oreillettes.

In the neighborhood of the heart, the venous trunks, which are deprived of valves, experience alternately, during the contraction of the auricles, a reflux of blood which makes them swell out, and during the relaxation of the auricles there occurs a rapid flux, which causes the veins to be depressed.

Turning back to page 43, and in paragraph 66, we read the following phrase :—

Page 43.

Page 74.

P. 75, par. 67.

Thus, in the nervous system, the spinal marrow, which is first developed, is more symmetrical than the brain; the ribs are more symmetrical than the vertebral shaft or the sternum.

Ainsi dans le système nerveux, la moëlle, qui se développe la première, est plus symétrique que le cerveau; les côtes sont moins symétriques que le rachis, et plus que le sternum.

Thus, in the nervous system, the medulla, which is first developed, is more symmetrical than the brain; the ribs are less symmetrical than the spinal column, and more so than the sternum.

Page 315.

Page 557.

Page 447.

It was no doubt from having in his view muscles of this kind, that Gassendi compared the muscle to a MITTEN.

Ce sont sans doute des muscles de ce genre qui avaient fait comparer Gassendi le muscle à un moufle.

It was muscles of this description, without doubt, that induced Gassendi to compare the muscles generally to a tackle of pulleys.

What connexion, what relation, can there ever be between a muscle, or muscles generally, and a pair of mittens? Unfortunately, the translator was not aware that *un moufle* had more meanings than one.

Page 249.

Page 441.

Page 355.

The wings of the trachea alone present a more or less extended ossification in the adult. In cases of phthisis, however, the cartilaginous wings of the bronchi have been found ossified.

Les cerceaux de la trachée seul présente dans l'adulte une ossification plus ou moins étendue. Cependant on a trouvé dans le cas de phthisie, les arceaux cartilagineux des bronches ossifiés.

The rings of the trachea alone present a more or less extended ossification in the adult. In cases of phthisis, however, the cartilaginous arches of the bronchiæ have been found ossified.

* * *

* * *

* * *

In the case of goitre, and even without this

Dans les cas de goitre, et même sans cette

In the case of goitre, and even without this

Dr. Knox's Translation.

Text.

Dr. Togno's Translation.

cause of pressure, the cartilaginous *wings* of the trachea, &c.

cause 'de compression, on trouve quelquefois les *arceaux* cartilagineux de la trachée, &c.

cause of pressure, the cartilaginous *rings* of the trachea, &c.

So that in this place we have *wings* both to the trachea and bronchiæ.

Page 305.

Page 538.

Page 433.

At this age (childhood) also the muscular flesh is less red, and *more gelatinous and fibrinous* than in the adult age.

A cet age aussi, la chair musculaire, moins rouge, est *plus gélatineuse et moins fibrineuse* que dans l'age adulte.

At this age, too, the muscular flesh is not only less red, *but is more gelatinous and less fibrinous* than in adult age.

Page 236.

Page 417.

Page 337.

The thickness of the periosteum is variable, and proportionate *to that of the bones.*

L'épaisseur du perioste est variable, et proportionnée *à la vascularité des os.*

The thickness of the periosteum is variable, and proportionate *to the vascularity of the bones.*

Page 249.

Page 440.

Page 354.

Long-continued maceration divides these cartilages into *fibres or filaments more or less short.*

La maceration longtemps continuée divise ces cartilages en *fibrilles ou filamens mous et courts.*

Long-continued maceration divides these muscles into *soft and short fibres or filaments.*

The inaccuracies in the translation of Dr. Knox are altogether surprising and unaccountable, and we congratulate the profession on being so speedily furnished with a more correct version of a work too well known and appreciated to require from us any commendation.

IMPERFECT VACCINATION.

It appears by a letter from a British Military Surgeon in the East Indies, to Dr. Gregory, that the smallpox is prevailing extensively there, and seems not to be prevented by the usual prophylactic. This is probably owing to some imperfection in the virus; as Mr. Chapman, the surgeon referred to, adds to his gloomy history of their situation—"I do not like the appearance of the vaccine vesicle I have seen here, and it does not pass through that course which it ought."

We are glad to find our Medical

Association so agreed on the expediency of giving certificates to those who have undergone the cowpock, stating its perfection or imperfection; and it is desirable that from and after the 1st day of January, 1831, no physician in the city will neglect to perform this important part of his duty.

METHOD OF CLEANSING BONES.

A MODE of cleansing bones has recently been tried, the success of which merits the notice of all who are engaged in the preparation of skeletons, or bones for anatomical

or other museums. It consists in the immersion of the bone in a combination of chloride of lime and sub-carbonate of potass, in the proportion of one pound of the former to one ounce of the latter, dissolved in two gallons of water.—A skull immersed in this liquid twenty-four hours will become, it is said, perfectly clean and white.

LIGATURE OF THE COMMON ILIAC.

THE operation of tying the common iliac—an operation first proposed and practised by our distinguished and gifted countryman, Dr. Mott—has been repeated by Dr. Crampton, a Surgeon in the British army.—The patient survived the operation but ten days. The cause of this termination may best be appreciated from the following history of the post obit examination:—

Dissection.—The intestines being removed, the peritoneum raised, and the great abdominal vessels laid bare, the common iliac artery, at about three-fourths of an inch from the aorta, was lost in an oblong tumor, about three-fourths of an inch in diameter, and one and a half in length; the tumor terminated upon, but did not communicate with, the aneurismal sac. On cutting into the tumor, about half an ounce of greenish pus flowed from the wound, and discovered the artery, which appeared somewhat contracted at one part, and its coats deeply indented, but not cut through, marking the place where the ligature had been applied. On blowing into the iliac artery from above, bubbles of air escaped freely from the external wound from whence the blood had issued; water injected by a syringe escaped by the same passage; clearly establishing

the important fact, that the ligature, which was of catgut, had been dissolved by the heat and moisture of the wound, and thrown off, before the obstruction of the artery, or the coagulation of blood in the aneurismal sac, had been completed: It further appeared that the dissolution of the ligature had caused a small abscess to form in the place which it occupied. On slitting up the artery, the internal and middle coats were found to be completely divided in the whole circumference of the vessel, and small portions of lymph adhered to its internal surface. The popliteal aneurism was far advanced towards a cure; the contents of the sac were quite solid, and the tumor was reduced to about the size of a walnut: the artery, for six inches above the sac, was filled with a firm coagulum.

Medical Literature.—Two works are on the tapis in England, which are likely to interest the medical profession. Both are somewhat on the plan of the “Libraries” and “Cyclopædias,” at present so much in fashion. The chief difference between the proposed works seems to be in their respective extent,—one being intended to embrace the whole range of medical science—the other being more limited to subjects of a strictly practical nature. We understand that the assistance of men of eminence has been secured by both parties, and such works, if well executed, are certainly calculated to supply a blank which exists in medical literature.

Treatment of Burns.—Dr. Dorf-muller recommends the following as local applications in burns—the general treatment being similar to that usually adopted;—Of saturnine extract and olive oil, equal parts; rose water, as much as may be required to form a liniment by trituration with the above. If any part of the ul-

cerated surface suppurates too copiously, it is to be dressed with the following ointment:—Oxide of zinc, lapis calaminaris, powder of lycopodium, of each one drachm; myrrh and acetate of lead, of each 36 grs.; purified lard, washed with rose water, an ounce and a half.

Heidel. Klin. Ann.

Phosphate of Quinine.—Dr. Harless, of Bonn, has found the phosphate of quinine (slightly acid) a much pleasanter remedy than the sulphate of quinine, or the free alkali. The phosphate, he says, agrees better with irritable stomachs, with nervous persons, or with those who are subject to irritations or inflammations; its employment does not produce the uneasiness which sometimes follows the administration of the sulphate. It does not so readily accelerate the actions of the heart, or irritate the bronchia or lungs. On account of its insolubility, it must be given in powder or pills; the dose is from one to four grains.

Bul. des Sc. Med.

Discharge from the Ears of an Infant.—Dr. Amelang states, that he has found the following solution, injected into the ear every morning, in cases of purulent or fetid discharge from the internal surface, speedily to succeed in effecting a cure:—Take of Oxymuriate of Mercury, 2 grains; Rose-water, 6 ounces.—The bowels should be kept in a laxative state, by means of magnesia, during the use of this remedy. If the disease has been of long standing, or should prove obstinate, a small blister should be applied to the nape of the neck.—*Lond. Gaz. of Health.*

Tinea Capitis.—Dr. M. Fudgen has published a case of scald head

of long standing, which he cured by the application of a solution of acetate of lead, as directed, some months since, by Professor Macartney—viz., covering the diseased scalp with lint well moistened with the following solution:—Take of Acetate of Lead, six grains; Distilled Water, two ounces: mix. The application is to be renewed three times a day, and if the same lint be employed, it is to be well washed in boiling water each time, in order to free it from the secretion of the scalp, and then to be dipped in the lotion. An oiled silk cap, well fitted to the scalp, is to be worn during the use of this application. Attention should be paid to the stomach and bowels.—*Id.*

Headach.—M. Ricord recommends, as a cure for this affection, a quarter of a grain of morphine in cold sugar and water. M. Mérat has treated four cases with success by this remedy.—*Arch. Gén.*

Vaccination.—The editors of the *Journal Universel* inform us, that Dr. Barres, of Bourdeaux, vaccinated a child, three years of age, from which no effect resulted until two months had elapsed, when two genuine vaccine pustules were developed, from which several children were successfully vaccinated.

American Lancet.—The Editor of the *American Lancet*, published at New York, is, we understand, prosecuted for a libel on some physicians connected with the New York Medical College. The trial will take place before the Court of Sessions some time this week.

Whole number of deaths in Boston the week ending December 30th, 18. Males, 6,—Females, 12.

Of lung fever, 1—teething, 1—consumption, 5—liver complaint, 1—inflammation on the brain, 2—unknown, 2—old age, 2—intemperance, 1—scrofula, 1—typhous fever, 1—dropsy on the brain, 1.

ADVERTISEMENTS.

WILLIAMS ON DISEASES OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.
Dec. 6.

BECLARD'S GENERAL ANA- TOMY.

CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES AT BOWDOIN COLLEGE will commence on Monday, the twenty-first day of February, 1831.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.

Obstetrics, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

THE ANATOMICAL CABINET is extensive, and constantly increasing.

THE LIBRARY, already one of the most valuable Medical Libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is \$50. Graduating fees, including diploma, \$10. There is no Matriculating nor Library fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons' Hall at a very reasonable price.

P. CLEAVELAND, Secretary.
Brunswick, Oct. 16, 1830. 4wep

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a fair price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

ABERCROMBIE ON DISEASES OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland.

Sept. 28.

SURGEON DENTIST'S MA- NUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons.

Nov. 2.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, JANUARY 18, 1831.

[No. 49.]

I.

HISTORY OF A CASE OF STAMMERING,

Successfully treated by the long-continued Use of Cathartics.

By JOHN BOSTOCK, M.D.F.R.S.*

IMPEDIMENTS of speech are usually regarded as originating either in a physical defect of the organs which are exercised in the production of articulate sounds, or as proceeding from some cause more of a mental nature, as habit, imitation, or the like. The modes of treatment that have been proposed, as far as we are made acquainted with them, are accordingly adapted to one or other of these supposed causes, and consist either in certain methods of managing the muscles that are concerned in speech, or in counteracting those circumstances which may be supposed to induce the habit, or the tendency to imitation. A case has fallen under my observation, which has led me to take a different view of the subject; and as the treatment has been, upon the whole, successful, I presume that a short account of it will be acceptable to the society.

A boy, of a robust form and florid aspect, of a healthy constitution, and of more than ordinary activity both of mind and body,

when between two and three years old, and after having acquired considerable readiness in speaking, was suddenly affected with so great a degree of stammering as to be almost incapable of uttering a single syllable. Two eminent physicians were consulted: they confessed their inability to propose any specific plan of treatment which might afford a prospect of success, but in consequence of a somewhat plethoric state of the child, they advised that a strong purgative should be given. The effect of the medicine appeared so favorable, that it was repeated three or four times, and each time with such decided benefit, as to leave no doubt on this point in the minds either of the parents or the practitioners. The complaint, however, shortly recurred, was again attacked with the same remedy, and was again subdued. After this plan had been continued for some time, it was conceived that, in addition to the purgative system, the effect of which, although so salutary, was temporary, further advantage might be obtained by adopting a system of diet which should permanently reduce the plethoric habit, and obviate the necessity for the continual repetition of the purgatives. This was accordingly done, and was rigidly adhered to for several years. Animal food was totally abstained from, and even vegeta-

* Medico-Chirurgical Transactions.

bles were taken in as sparing a quantity as was consistent with the support of the system. The effect of this regimen was sufficiently apparent in the altered aspect of the child, who became much less plump and florid, but still retained a due share of vigor and activity, and was fully adequate to enter into all the sports and exercises suited to his age. I had frequent opportunities of witnessing the result of this plan, and I may venture to assert, that it is impossible to have stronger evidence of the beneficial operation of any medical treatment, than is presented by the case in question.

By a steady adherence to this discipline for about eight years, the complaint was kept at bay; but whenever any relaxation in the diet took place, or when the purgatives were omitted or too long delayed, symptoms of the impediment immediately appeared. At length, when about twelve years of age, the tendency seemed so far subdued, that a relaxation of the restrictions was not followed by the usual unfavorable consequences, and the boy being then at a public school, it was not so easy to maintain the former discipline. For some time no bad effects ensued, but at length the complaint recurred, and was unusually obstinate, so as to require a long and severe course of purgatives, which, however, was finally successful.

During the last two years, the tendency has occasionally manifested itself; but it has always been easily removed by a moderate use of purgatives, and by a temperate, although not a rigidly abstemious diet. The boy, who is now in his fifteenth year, may be said to be free from the complaint.

No one but those who are aware of the circumstances of the case, and were on the watch to detect even a slight defect, would notice anything peculiar in his mode of speaking. He even possesses a considerable rapidity and volubility of enunciation; and as a proof of this I may state, that I was lately present at a juvenile exhibition, when he bore a conspicuous part in a comic dialogue, in which he displayed a complete command over the organs of speech. In this respect, he may be favorably contrasted with many of those individuals who have been under the care of the masters who profess to remove these impediments. It would be unjust not to admit that they occasionally produce very beneficial effects on those committed to their care, but I think it may be asserted, that in all these cases there is a certain peculiarity in the mode of speaking, which, although much preferable to decided stammering, indicates that the difficulty is rather evaded than obviated.

With respect to the purgatives employed in this case, it appeared to be of little importance which were used, provided the bowels were very completely evacuated. What was the most frequently employed was a full dose of calomel and jalap, succeeded by Epsom salts. Whenever the examination was made, it was found that the feces were in a morbid state; and while the child was young, and the examination could be easily made, the necessity for continuing the medicine was judged of as much by the appearance of the feces as by the state of the symptoms. It happened, on two or three occasions, that a degree of salivation was unintentionally excited, but

it was not easy to determine whether this circumstance was productive of any advantage, as the relaxation of the bowels was contemporary and proportional.

How far we may be allowed to draw a general inference from a single case, I will not venture to decide ; but I may be allowed to say, that a trial should be made of a plan of treatment which is productive of no inconvenience, and does not interfere with education, or with the ordinary habits of life. It may be difficult to determine how far such a process should be recommended to adults : much must depend upon age, constitution, temperament, &c. ; but I should suppose that few individuals would object to submit to a trial, although the hope of success may not be considerable.

As I propose this communication to be of a practical nature, I abstain from entering into any pathological observations on the nature and cause of the affection, further than to remark, that the complaint appears to consist essentially in a loss of power over certain voluntary muscles ; and that, as the muscles themselves do not seem to be affected, it ought probably to be referred to the class of nervous diseases, and may be regarded as analogous to chorea, differing from it principally in its seat, and in its being confined to one set of muscles,—while chorea affects a much greater number of parts, and produces a proportionally greater disturbance of the constitution and functions.

II.

DR. HOUSTON ON THE MUCOUS MEMBRANE OF THE RECTUM.*

THE structure, form, and disposition, of the tunics entering into the composition of the rectum, ought, of course, to be familiar to all who venture to meddle with this gut. Yet they certainly are not so, and probably the majority of the reputed strictures of the rectum are not strictures at all, but merely some of the natural impediments offered to the introduction of foreign bodies. Dr. Houston, whilst engaged in anatomical preparations illustrative of the peculiar and relative anatomy of the parts in the pelvis, discovered the existence of valves in the rectum, formed by its mucous membrane. The mode of exhibiting them consists in distending and hardening all the parts with spirit previously to being cut open.

“ The valves exist equally in the young and in the aged, in the male and in the female ; but in different individuals there will be found some varieties as to their number and position. Three is the average number, though sometimes four, and sometimes only two are present in a marked degree. The position of the largest and most regular valve is about three inches from the anus, opposite to the base of the bladder. The fold of next most frequent existence is placed at the upper end of the rectum. The third in order occupies a position about midway between these, and the fourth, or that most rarely present, is attached to the side of the gut, about one inch above the anus.

“ In addition to these valves, of

* Dublin Hospital Reports, Vol. V.

tolerably regular occurrence, there are frequently several intermediate smaller ones, but which, from their trifling projection and want of regularity in their situation, merit comparatively little notice.

"The form of the valves is semilunar: their convex borders are fixed to the sides of the rectum, occupying, in their attachments, from one third to one half of the circumference of the gut. Their surfaces are sometimes horizontal, but more usually they have a slightly oblique aspect, and their concave floating margins, which are defined and sharp, are generally directed a little upwards. The breadth of the valves about their middle varies, from a half to three quarters of an inch and upwards, in the distended state of the gut. Their angles become narrow, and disappear gradually in the neighboring membrane. Their structure consists of a duplicature of the mucous membrane, enclosing between its laminae some cellular tissue, with a few circular muscular fibres.

"The relative position of the valves, with respect to each other, deserves attention. That situated opposite to the base of the bladder, most commonly projects from the anterior wall of the gut; the valve next above from the left, and the uppermost from the left: that near the anus, which is of least frequent occurrence, occupies a place, when present, towards the left and posterior wall. Many deviations from these stated points of attachment for the folds will be found to occur, but the arrangement is nevertheless always such, as to form, by their being placed

successively on different sides of the gut, a sort of spinal tract down its cavity.

"In regard of the sacculated form which the rectum acquires by the presence of these valves, the gut resembles somewhat the colon in the condition of its interior; but in the peculiar spiral arrangement of the valves, it bears more an analogy to the large intestine of some of the lower animals, in which—as, for example, the cæcum of the rabbit, the large intestine of the serpent and dog-fish—a continuous spiral membrane traverses the cavity from end to end, and gives to the alimentary matters a protracted winding course towards the anus."

The presence of these valves may be ascertained in the unprepared body, if looked for soon after death, and before the tonic contraction of the gut has subsided. They then overlap each other so effectually, as to require considerable manœuvre in conducting a bougie or the finger along the cavity of the intestine. Mr. Crampton uses a rectum bougie bent with a couple of light spiral turns, and, in the introduction, moves it about gently with his thumb and fingers. He was induced to adopt this form, from having noticed that of itself it assumed such, when allowed to become soft by remaining some time up the gut. He practises the spiral movement, from observing that during its return down the canal, after being thus modelled, it is disposed, if handled loosely, to take on that course. Dr. Houston suggests that these valvular folds may possibly become the most frequent seat of stricture; and he mentions some

points connected with that affection, which tend to support, in some measure, his suggestion.

III.

ABSENCE (CONGENITAL) OF THE ANTERIOR LOBES OF THE BRAIN.

From the *Medico-Chirurg. Review*.

IN the annual report of the new Anatomical Society of Paris, a preparation was shown by M. Lacroix, exemplifying the above mal-organization. The secretary of the society makes use of the following words:—"If the opinion which assigns to the anterior lobes of the brain the privilege of presiding over the higher intellectual operations, needed any new confirmation, it would find a powerful argument in its favor in the case reported by M. Lacroix. In that case there was a complete congenital absence of the anterior lobes of the cerebrum, which were replaced by a collection of transparent serum communicating freely with the ventricles. This physical condition was accompanied, not by perversion, but by an almost entire nullity of the intellectual and moral functions. Here was an experiment made by nature, more valuable for physiology than any vivisections of the anatomist." The secretary remarks that this case tells both for and against the phrenologists;—for them, as showing the seat of intelligence to be in the anterior part of the brain—against them, as showing that their skill could not have detected the cause of the idiocy, since the forehead was well formed, though full of water, and all the prominences well marked.

Almost at the same time that

the above preparation was shown, another came under view where the left hemisphere of the brain was found atrophied to one half its original volume, without any loss of intellectual faculties, the other lobe being entire. The atrophy was occasioned by an accumulation of fluid in the lateral ventricle of that side, and the opposite half of the body was completely paralytic.

IV.

LANCETTED STILETTES IN STRICTURE.

MR. STAFFORD has very laudably published an appendix to, instead of a new edition of his work on strictures, for the accommodation of those who hold the second edition. He informs us that he has now operated on more than forty cases of permanent stricture, of the worst description, without a single failure. "In no instance has there been a false passage made, nor has the cutting through the contracted part caused pain, hemorrhage, inflammation, or any other unfavorable symptom." The hardened structure of the stricture has been absorbed, and no relapse has taken place, as far as he knows. In addition to these cases, he has, on two different occasions, divided through an enlarged third lobe of the prostate gland, which in one case had caused total, and in the other partial retention of urine. In both cases, the patients recovered the complete power of the bladder. We shall introduce a single case out of 18 here published.

"Case 11.—A distinguished general officer, rather more than

sixty years of age, and of a shattered constitution, from hard service in India, the Peninsula, and other countries, placed himself under my care with a diseased urethra, which he had dreadfully suffered from for more than thirty years. The canal was irregularly thickened and contracted to four inches in extent, which began exactly four inches distant from the orifice, and terminated at the prostate gland. He had frequently undergone courses of bougies, and the application of caustic, without any beneficial result; at length ulceration took place in the urethra, the urine was extravasated, and a fistulous passage ensued in the perineum. In course of time this healed up—since which the passage gradually got worse, until it would not admit anything larger than a No. 3 bougie, which, for the last six months, he has always been obliged to pass into the bladder before he could make water—and if he did not succeed in that operation, he invariably suffered from retention of urine. His bladder, also, had partly lost its power, expelling only about half its contents. The urine was always extremely fetid, and of a turgid dark color—and there was very frequently deposited a considerable quantity of sediment at the bottom of the chamber-pot, of a tenacious thick mucus, such as is secreted in diseases of the prostate gland.

“Having given up all hope of deriving any benefit from the common mode of treatment, he made up his mind to have the diseased structure gradually divided by the stilette. This I accomplished by four different operations, from time to time, and dur-

ing the whole treatment no unfavorable symptom occurred. At length I was enabled to introduce a No. 12 flexible catheter into the bladder, which I left there a few days. After this time I discharged my patient, allowing him to pass bougies for himself twice a week until the cure was complete. I have since heard from him by letter, in which he states—

“‘I can now decidedly say, from experience, that your operation has succeeded to my fullest expectation. I have never any difficulty in making water, and I have invariably passed the bougie you desired me—No. 13—without stoppage, pain, or difficulty, every fourth day, and I can even pass a large No. 14.’

“He can now expel the whole contents of the bladder: the urine is never fetid, and the prostatic secretion has entirely disappeared.”—*Id.*

V.

CASE OF RECOVERY FROM RUPTURED UTERUS.

By J. W. K. PARKINSON.

From the London Medical Gazette.

ON the 20th of May, 1821, between four and five o'clock, P. M., I was hastily called upon by the late Mrs. Maddock, a very respectable and intelligent midwife, who requested me to accompany her to a Mrs. Rumney, 6 Hammond Square, Hoxton, to a case, as she believed, of rupture of the uterus. She informed me, on our way thither, that she had been sent for two hours before, and found the patient in strong labor; that, upon examination per vaginam, she found the

os uteri fully dilated, and the head of the child low down in the pelvis; that the pains increasing, the head began to press on the perineum, which led her to expect speedy delivery, when suddenly, during a strong pain, the patient gave a loud scream, and said, "Oh, what a pain! I am sick—I am sure something has burst in my belly!"—and upon making an examination, the midwife found that the head had entirely receded beyond the reach of her finger. The patient now, she said, became affected with vomiting and hiccoughing; and from the change which had taken place in her countenance, she thought the poor woman was dying. Before she came off for me, the patient requested that a pillow might be put under her belly, for she could not bear the weight of the child.

On my arrival, I found the patient free from pain, but her countenance was expressive of much anxiety and alarm; her respiration was much hurried, and occasionally interrupted by hiccough; her pulse was very small and irregular. Just before I saw her, she had vomited a small quantity of dark brown-colored fluid.

On making an examination per vaginam, I could not discover any part of the child, although I passed my hand sufficiently high to ascertain that the capacity of the superior aperture of the pelvis was somewhat diminished by a projection of the sacrum. On placing my hand on the abdomen, I could distinctly feel the child through the parietes.

Convinced that Mrs. Maddock was right in her conjecture, I immediately proceeded to deli-

ver, by bringing down the feet of the child, which was very easily accomplished, the uterus not offering the least resistance; indeed I was hardly sensible of the existence of that organ—for after my hand had passed the head of the child, which was lying loosely over the superior aperture of the pelvis, it seemed at once to enter the cavity of the abdomen.

The hemorrhage, which before delivery was very trifling, now became very considerable, and the poor creature appeared to be sinking fast. I again introduced my hand for the purpose of bringing away the placenta, which I found detached, and lying in contact with the intestines, the convolutions of which I distinctly felt. Withdrawing the placenta with my right hand by means of the funis, and keeping the left hand in the cavity for the purpose of preventing the protrusion of the intestines, after a little time I was agreeably surprised to find it gently acted on by the uterus, when I gradually withdrew it.

Although I considered the case as hopeless, I was pleased to find, after my hand had been withdrawn, that the hemorrhage considerably diminished; and that by frequently supplying her with small quantities of weak brandy and water, she was so much revived, about an hour after delivery, as to tell me, though with a very feeble voice, that she felt better. Her respiration, too, had become more tranquil, and with less hiccough, but her pulse was very feeble and fluttering, and she made frequent efforts to vomit. I gave her, as soon as possible, sixty minims of Tr. Opii, and ordered thirty minims to be repeated every three hours. She

was delivered about 6 o'clock, P. M., and I saw her again five hours afterwards, and was told that the first dose of Tr. Opii had been retained, but that the second had been rejected, which had also been the case with small quantities of gruel, and brandy, which had been occasionally given her. She was now evidently under the influence of the opium, but I thought the appearance of her countenance was improved. Her pulse was certainly more determined and regular.

I visited her again early the next morning, and learned that she had not had much sleep, but that she had lain very quiet, except when occasionally disturbed by vomiting or hiccough. As some degree of reaction had now taken place in the system generally, and as she complained of much pain in the region of the uterus, especially when the left side was pressed upon, I took fourteen ounces of blood from her arm, and ordered her saline medicines to be taken through the day, and an opiate at night. On my visit the next day, though there had been occasional returns of vomiting and hiccoughing, I considered her in other respects better. Her pulse had acquired considerable steadiness, and was not too frequent, and there was much less complaint of pain when the abdomen was pressed. The bowels not having been relieved since her delivery, I directed that a drachm of Magnes. Sulph. should be added to each dose of her saline medicine, and which, with the assistance of an emollient injection, soon produced the desired effect. I should have stated, that a moderate discharge of a slight sanguineous character had

taken place from the vagina during the whole of the time since delivery, and which had now become rather offensive. Nothing worth remarking took place after this time; the pain of the abdomen, with the other distressing symptoms, gradually left her; so that at the end of a fortnight she was free from any complaint except debility and a slight sanguineo-purulent discharge from the vagina.

It is necessary that I should state that Mrs. Rumsey, the subject of the above case, was 36 years of age, of a very short stature, but apparently of a sound constitution. She had been the mother of several children, most of whom had been born alive, after tedious but safe labors.

There are some interesting points respecting this woman's subsequent labor, which I should have wished to have mentioned; but which, with a few remarks I had intended to have made on the operation of turning the child in utero, and on the cases requiring it, I shall reserve for a future number, having already, I fear, trespassed too much on your valuable pages.

VI.

CASE OF CONICAL CORNEA.

For the Boston Med. and Surg. Journal.

MR. EDITOR,—In a late number of this Journal—Dec. 6, 1830—are contained some remarks, taken from the *Western Journal of Medicine*, on a disease of the eye called *Conical Cornea*, upon which I have a few facts to communicate. And as the disease is pronounced incurable—by Mr. Trauers, in his *Synopsis of the Dis-*

eases of the Eye—by any means hitherto tried, I have thought that even one *true* fact (among the numerous *false* facts with which the records of medicine abound) would be worthy of notice.

On Professor Staughton's communication I would only remark, that if his knowledge of the different branches of Surgery, of which he is Professor, be of that definite and critical character which his remark that a pin-hole through a card might perhaps answer as well, in assisting vision in cases of conical cornea, as the tubular spectacle frame of Mr. Travers, would seem to indicate that he possessed of the principles of Optics, he must be preëminently qualified to discharge the duties of his office.

But in relation to the disease, I wish first to remark, in respect to Mr. Travers' assertion that "it is unprecedented by inflammation or any assignable cause," that I have seen two cases of this disease preceded by conjunctival ophthalmia; and in one of these, there was conjoined iritis, followed by hypopion.

Mr. Travers observes that he never has seen it commencing in old age. In one of my cases, the individual was about 60 years old.

The same gentleman observes that "all attempts to remove this disease have hitherto proved ineffectual;" and Mr. Guthrie, in his most excellent work on the "Operative Surgery of the Eye," makes the same assertion.

Aware how little dependence can safely be placed on the success of the treatment of a single case of disease, in deducing therefrom a general principle of treatment, I would not be supposed to

present the present case as one that is to establish a mode of treating this disease; but as it has heretofore been considered so hopeless a form of disease, and as the method proposed by Professor Staughton had been tried, before seeing his communication, without any sensible benefit, I am induced to offer the present case, with the hope that the method of treatment may be more thoroughly tested by those who shall have the opportunities.

S. C., æt: about 30, had lost the sight of the left eye about a year before, from a slow inflammation of the conjunctiva, by which the cornea was rendered permanently opaque;—in January, 1828, applied for advice, for inflammation of the conjunctiva of the right eye, with a considerable degree of opacity of the cornea, and an ulcer on its outer convexity, which was about the size of half a pea, through which protruded the internal lamina of the cornea—or what was formerly so considered. This ulcer was healed by the Argent. Nit., but the opacity of the cornea was not removed.

About eight months after this, application was again made, with the expectation that some operation might be performed by which vision might be restored. At this time, I found the cornea very conical, or projecting, and less opaque—some part of which was quite transparent. This was a case I knew not what to do with: but as the fellow was so importunate, I concluded to try some applications to the eye. After trying a number with no perceptible benefit, I made trial of the Ung. Hydriod. Potassæ, and lastly

of the iodine ointment : but all to no purpose.

The fellow still continued his importunity for some kind of an operation, although he had been repeatedly told that no operation could be performed which would benefit vision. As he complained of some tensive pain in the ball of the eye, I thought that an evacuation of the aqueous humor might afford some temporary relief from the pain. Accordingly I punctured the cornea, on one side, with the point of a lancet, with immediate relief from the pain. On examination of the eye some weeks after, I thought there was a perceptible diminution of the prominence of the cornea, although the diminution was very slight. This induced me to repeat the operation, which I did by making a larger puncture. This was followed by a more sensible diminution of the disease.

The third and last operation

consisted in a still larger section of the cornea. This time the common cornea knife was used, and a section of the cornea, corresponding with the external angle of the eye, about one third of an inch in length, was made. The projection of the cornea did not seem to return after this operation, and it continued gradually to diminish until the cornea became considerably flatter than natural ; and although the opacity of the cornea has prevented distinct vision, yet its conical form seems permanently removed—as it has been more than a year since this change took place.

I find, on consulting Mr. Travers, that he suggests the same operation as not an improbable one, although I was not aware that he had made the suggestion at the time I operated.

Yours, &c.

BURLEIGH SMART.

Kennebunk, Me., Dec. 9, 1830.

BOSTON, TUESDAY, JANUARY 18, 1831.

MR. BELL'S LETTER TO HIS PUPILS
OF THE LONDON UNIVERSITY.

THE connection of Mr. Charles Bell—the chief ornament and support of the London University—has at length been entirely dissolved, after a series of circumstances which have excited the attention and interest of the Profession. As his final letter to his class contains allusions to the true grounds of his disaffection, and some remarks which will not be lost to the younger members of the Faculty, we give it to our readers entire.

GENTLEMEN,—Your good sense will suggest to you why I ought not, on

this occasion of addressing you, to assign all my reasons for leaving the London University. Such a course would involve matters of which you will be better judges hereafter ; but I owe you an apology for the suddenness with which I have left you, and an explanation why a resolution, deliberately taken, should be so abruptly disclosed and acted upon.

My resolution to resign at the conclusion of the present season, did not proceed from the conduct of individuals ; nor did I take upon me to estimate the characters or talents of my associates. My objections have been to a system ; and, in justice to you, I ought to add, that the advantages I looked for from a different arrangement would have come very

slowly, and could hardly have been attained in your time. The disappointment of my hopes does not imply that any professor is unworthy of your most respectful attention, or that the school is inferior to any other. The statement which you will find in the following pages belongs to a different question altogether—the formation of a school superior to what this country has had yet to boast of, in system, subdivision of labor, and arrangement; this failing, I did not desire to continue a day in the University of London.

The members of the Council, from education and condition in society, are well suited to preside over the classical and mathematical studies; but they have never appeared to me to respect sufficiently the medical profession; and, consequently, have never sought for information to enable them to improve the medical school. When they appointed professors, it was perhaps too much to expect that they should defer to an authority so recently of their own creation.

After my long experience in teaching, it would have been strange if I had not had a desire to see the system of our schools improved; and I should have been to blame if I had not used my endeavors, on an occasion of such splendid promise, to gain something for my profession. This engaged me in expostulations with the Council of the University, so that I am willing to acknowledge that they may have traced much of their trouble to me; but they could neither comprehend the strong motives which urged me, nor foresee the happy consequences of the improvements which I advocated. Here was the bias given, which it is necessary to know in order to understand how impediments so slight as those I am to describe could be attended with effects so unexpected.

I had my lesser and personal grievances. To those who know how little I value physiology, in the common acceptation of the term, it will

be a proof of my desire to see the experiment of a new school fairly tried, that I submitted to be called professor of a science—if a science it be—on which an inceptor candidate for medical degrees would read lectures more readily than I could. You are aware that the subjects on which I lectured were the higher departments of anatomy—that I reasoned on a demonstration in which my knowledge of anatomy and my experience of disease came into use, as laying the foundation of just principles in the practice of your profession. If you will call to recollection any one lecture, or take the last of all as an instance, you will see how little the subject-matter of my lectures corresponds with the title put upon them.

It has been imputed to me as a fault, that I wished to preside over the anatomical department. I avow this; and I entered the University upon that understanding. But this, on my part, was no assumption of superiority, beyond what time, study, and experience, give to every man. It was my expectation, that all the lectures connected with anatomy, comparative anatomy, physiology, pathology, surgical anatomy, would be formed into such a system as would at once allow each professor full opportunities to display his talents, and fulfil the liberal intentions of those who designed a great school of medicine. All the errors and misconceptions that have occurred, have proceeded from the original appointments made by the Council: and when I express this, let it not be said that I take upon myself to object to the individuals selected. But the elections were all made before any system was arranged. If the Council had been fully aware of what was necessary for the improvement of the medical schools, and had made out the different departments to be taught, and had afterwards appointed professors to these departments, all might have gone on satisfactorily. But professors were elected, and then attempts were made to form a sys-

tem ; so that when the subjects were distributed, each professor conceived that the rights he had formally obtained through his election were infringed. We may here see, if we take up the case of any particular professor, that he was vindicated in making his complaints : and we may see also how the Council became involved in trouble ; which they attributed to the individual applicants, when it all necessarily arose, as I have said, from a wrong step of their own at the commencement. They wished to do justice ; and if we could suppose that a certain number of claimants were to be supplied from a common stock of a common material, justice would have sufficed ; but here, knowledge as well as justice was necessary to a proper distribution. We know that in the present season no fewer than five gentlemen were engaged in teaching human anatomy ; and three certainly were lecturing in the same class-room, on the same subjects, and with the same preparations put upon the table, three successive times in the same day. No member of the Council ought to take offence, when I say that unless he has a perfect knowledge of the whole subject, and experience of the practical consequences, he cannot comprehend the effect of such promiscuous distribution, or of such a sacrifice to the principle of equality.

A few days after the first opening of the University I saw that the system would not work, and I then offered my resignation. In the end of last session it was equally obvious to me that the machine would not right itself, and that no efforts of mine could avail ; and I declared, that unless different arrangements were made, I must leave the University. My proposal was, that the Council should put down on paper their understanding of my designation and duties in the London University. This I was to submit to my friends ; and if they approved, I promised to proceed zealously. The Council showed every desire to meet my

wishes ; but about this time they became engaged in other discussions, no doubt sufficiently distracting, but with which I had nothing to do ; and thus the summer was spent, and the first of October drew near. It was then no time to resign ; and therefore I held the secret intention of resigning at the end of the present season.

You know that, at all times, I address myself too earnestly to the subject of my lecture to admit the introduction of a name, or a sentiment, at variance with the tenor of my discourse. You know this now ; and I trust that you do me justice. It has been stated that I said, in my public lecture, that unless some gentlemen were removed from the University I would resign. I repeat that I objected to the system, and not to any individual—to the acts of the Council, and not to the conduct of professors.

When I first lectured to you, you appeared to evince curiosity rather than interest ; but, as you came to comprehend the subject, I had the pleasure of seeing you enter more and more deeply into it ; and, for my own part, always agreeably engaged when with the students, I had forgotten the existence of any body of men that could disturb our harmony. In the meantime the Council of the University were occupied, unwittingly to me, with a matter which they have magnified into importance. In my clinical lecture at the Middlesex Hospital, I had expressed a desire to enlarge the opportunities of the pupils there and at St. George's. I stated that the opinions of men educated in the principles of Mr. Hunter, and with the experience of a London hospital, agreed in most of the great questions of practice ; and I said that, if I could gain for my own pupils the advantage of hearing another hospital surgeon, they would learn that men of experience and of character, who had no necessity to court notoriety by new and bold operations, differed very little in opinion. If the pupils could have such advan-

tages, they would better withstand the prevailing vice of the profession.

This desire, so natural to any one who had the best interests of the hospital pupils at heart, was brought before the Council of the University by some meddling fool; on which they transmit to me a minute with the following expression:—"That it appears that Mr. Bell holds out encouragement to another school of medicine, and withdraws his support from the class of surgery in the University."

If, by such means, I placed my hospital pupils within the influence of the teachers in St. George's, I at the same time brought the pupils of St. George's Hospital under the attraction of the University; and the Council are taking a very humble tone if they admit that, by placing the two schools in comparison, that of the University must suffer. It is the last of numerous instances in which they have been influenced by the fears and prejudices of those who communicated with them.

The expression of my intention to retire at the conclusion of the present course was drawn from me by a request to form one of a new society, which had nothing to do with my public prelections. I had strong reasons for declining this invitation; and, to avoid giving offence, I put my refusal upon the shortness of the period that I would remain a member of the University. I added, that I would, in due season, officially and regularly, according to the obligation I had subscribed, notify my intention of resigning. I need not add that I anticipated no such consequences as have followed. I hoped to have had the pleasure of accompanying you through the season in your course of studies; but the Council, learning that I had so expressed myself, without any communication with me, chose to act upon this as a resignation, and followed up the minute, which I have in part transcribed, with a resolution, that "immediate

steps be taken for the appointment of a professor of physiology, who shall enter on his duties at the opening of the next session."

Such a minute, if respectfully conveyed, must still have been offensive; but it was prefaced with no word of acknowledgment or regret,—the more surprising as coming from high-bred gentlemen. I have said truly, that when I entered my class-room, I have thought only of my subject, and of teaching you; and this at a time when I had much to irritate me. I had a good title to expect, that, when the Council came to act deliberately, as the patrons of the University, they would have considered, that from the hour in which I had opened the classes of the University, to the moment of their deliberations, there had not been a pause in my exertions; and that the testimony of your uninterrupted attendance, zeal for the subject, and respect for your teacher, had accompanied me throughout. Repeatedly, during the last two years, have I urged to the members of the Council, that they should take their impressions from the attendance of the pupils on the public lectures, and from nothing else.

On receiving this minute, I did not take my final resolution without giving the Council the opportunity of rescinding it, in order that I might fulfil my engagements with you. I informed them that, with such a resolution on their books, I could not again meet my pupils; but I did not feel myself called upon to accept their invitation to converse upon it. The well-grounded respect which I had for many members of the Council, and especially for those whose good-nature led them to come forward on such occasions, had often before induced me to yield everything to their wishes; but here it was necessary to be decided. There may have been some feeling in this matter; but if I had not in such circumstances taken leave of the University, I should have compromised my own

respectability, and that of the profession for which you are preparing yourselves. I need not say that I acted against my own interest when I resigned my lectures, which have been a continual source of satisfaction and improvement to me, when I gave up emoluments not insignificant to my very moderate income, and when I exposed myself to the displeasure of many influential personages. For the last four years I have had my mind but too intently occupied with the interests of the London University. I have lost much time at a period of life when it is hard to redeem it.

Any grave and sensible person, on hearing this statement, may well say, "Why did not Mr. Bell deliver his lectures, and think of nothing more?"—This was exactly what I attempted to do—the determination with which I commenced the season. But such a mode of proceeding seemed to irritate, more than the strongest expostulations that I had hitherto offered to the Council, and brought them to the resolution which has made our connexion no longer possible. Although I have said, from the deepest conviction, that the last duty a man should resign was that of giving the results of his experience to the younger members of his profession, I am now precluded from doing this, and must henceforth engage myself exclusively in the practice of my profession.

Gentlemen,—I could have wished that this interruption had occurred when I had finished my Introductory Lectures on *Design, as exhibited in the Animal Structure*. I then delivered a lecture to you on a general subject, which I would now desire you to consider as my last. Without reference to present circumstances, but proceeding from the interest I had in you, I endeavored to make an impression, which, if permanent, cannot fail to influence you through life. You may remember that I took the life and labors of Baron Haller as the

happiest example of the combination of the philosopher and the patriot; that I pointed out to you his enthusiasm in youth, with the restraints he put upon himself; the great labors he was engaged in at the middle period of his life, and their splendid results; his retirement, his philanthropy, and his remarkable death.

To prove the necessity of having a plan of life, and pursuing it steadily, and that however great a man's talents may be they require concentration and direction, I instanced the life of Mr. Hunter. I assured you that labor, and the pertinacious pursuit of great objects, were the characters of true genius. I directed you to the contemplation of the museum in the College of Surgeons, as a proof of how much one man may do in his day.

As a farther proof of genius, being distinguished from the possession of trifling accomplishments, I placed before you the character and labors of Baron Cuvier. As some encouragement in those studies which you now believe to be so severe a call upon your patience and industry, I represented Cuvier engaged over an immense heap of portions of bones, the fossil remains of animals. I represented him as possessed of a knowledge of the minute processes of the bones, to which your knowledge is only as the alphabet of a child. I represented to you this man of great genius, and highly honored in all countries, submitting to the patient investigation of these materials, until he selected and arranged the minute portions into skeletons; thus discovering the classes and genera of animals that no longer inhabit the earth, and ascertaining the revolutions which the world itself had undergone. And this I proved to you was the effect of true genius, carrying a man forward to great objects through means apparently trifling to common minds.

It was in the conclusion of that lecture, in which I felt you sympathised with me as pupils, that I sought

to turn you from frivolous pursuits, and to direct you in the course of study best suited to advance you to distinction, and which at all events would guard you from ennui, and give you a pride in your profession. I would have you to look back upon that lecture as conveying my last advice, and as evincing the interest I have in you.

The sentiment is so natural, that I am sure you will believe me when I say, that short as the time has been which we have spent together in the present season, being the last of my pupils, I must ever feel greater interest in you than in those who have gone before you.

CHARLES BELL.

QUACKERY.

A CELEBRATED quack in England, Mr. John St. John Long, has recently undergone a trial for manslaughter, and the following are the words of his sentence:—

“John St. John Long, you have been convicted of the crime of manslaughter, with which you stood charged; and, after a patient hearing of the evidence, and a deliberate consideration of the case, a jury of your country have been induced to find you guilty. Every circumstance connected with your case has been duly considered by the Court, and they are induced to order the judgment which it is my duty to pass. The sentence of the Court upon you is, that you pay a fine of £250 to the King, and that you be imprisoned in his Majesty's jail of Newgate until that fine be paid.”

This is the second time this gentleman has been placed at the bar to answer for the fatal effects of his

practice; and yet, though perfectly unaccountable, his dupes seem, by all accounts, to increase with the development of his audacity and ignorance.

Tapping in Hydrocephalus.—Dr. Conquest has performed the operation of paracentesis in another case of hydrocephalus. Thirty ounces of fluid were withdrawn at two operations. At the first operation, 12 ounces were taken away; and at the second, 18. The child is apparently well, the bones having nearly closed, and the patient free from any evidence of the disease, although before the operation it had fits almost incessantly, and was altogether a most deplorable object. But the most gratifying and important circumstance connected with the appearance of this infant was, that it gave him an opportunity of stating that the girl on whom he successfully operated last year continues in perfect health, not having a vestige of her former disease.

Rights of Authors.—A bill has passed the House of Representatives of the United States, and will doubtless pass the Senate, securing to authors the exclusive right of publishing and vending their works for 28 years. At the expiration of this time, any one of the family who may desire it, is to retain the same right 14 years longer.

Boylston Prize.—The Committee of the Boylston Medical Society of Harvard University, for examining prize dissertations, has unanimously awarded the premium to Mr. JAMES JACKSON, Jr., of this city. Subject—“*Inflammation of the Lungs.*”

Whole number of deaths in Boston the week ending January 5th, 14. Males, 7,—Females, 5. Stillborn, 2.

Of consumption, 3—scarlet fever, 1—cholera infantum, 1—dropsy, 1—dysentery, 1—burn, 1—fits, 1—unknown, 1—mortification, 1—drowned, 1.

ADVERTISEMENTS.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from healthy subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

NEURALGIC DISEASES.

ATREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN MCCULLOCH, M.D. F.R.S., &c. &c.

WILLIAMS ON DISEASES OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY.

CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

HALL ON LOSS OF BLOOD.

THIS day received, by CARTER & HENDEE, "Researches, principally relative to the Morbid and Curative Effects of Loss of Blood." By MARSHALL HALL, M.D. F.R.S.E. Dec. 6.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a fair price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

ABERCROMBIE ON DISEASES OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

Vol. III.]

TUESDAY, JANUARY 25, 1831.

[No. 50.]

I.

STATE OF MEDICAL SCIENCE IN
ENGLAND.

THE Editor of the London Medical Gazette was led to the following remarks, on the encouragements, or rather discouragements, held out to the members of the medical profession, by an article which appeared in the last number of the Quarterly Review.

The article in question, says he, is ably written; it breathes a liberal, independent, and enlightened spirit, and abounds with information. It is to be regretted, however, that the writer does not enter somewhat more extensively on his subject; he merely touches upon the mathematical and natural sciences, leaving the state of medical science in England altogether untouched. But how deplorable a picture does he present to us of the condition to which these fundamental branches of knowledge are reduced in this country, and of the humble repute that attaches to their professors. We shall extract the sum and substance of his description, which we find contained in these three propositions:—

“There is not at this moment within the British isles a single philosopher, however eminent have been his services, who bears the lowest title that is given to the lowest benefactor of the nation, or

to the humblest servant of the crown!

“There is not a single philosopher who enjoys a pension, or an allowance, or a sinecure, capable of supporting him and his family in the humblest circumstances!

“There is not a single philosopher who enjoys the favor of his sovereign, or the friendship of his ministers!”

So much for the encouragement afforded those who aspire to be votaries of science. Let us see if we cannot add something concerning medicine in particular to the preceding statement.

It may be said in general that medicine in this country, though not flourishing by any means as it ought to do, is many degrees above the condition of the physical sciences here described. Medicine is undoubtedly far from being on the decline amongst us; on the contrary, it is generally acknowledged to have been, for the last thirty years, singularly on the advance: yet this is far from being all that could be wished. Its rate of progress has been grievously slow—almost disgracefully tardy, when we take into account how much might be effected towards its rapid advancement by the appliance of obvious remedies. Our continental neighbors have outstripped us beyond dispute—we follow, rather than lead, in the march of medical science. In

France, under a superior system, or one better calculated at least for the *promotion* of science, the disciples of Bichat, and Laennec, have made strides that distance all competitors in the field of pathology; and both in France and Sweden, chemistry has been pursued to an extent of which we have in this country but an inadequate conception. "Who can tell us here," says Mr. Herschel, "anything about the sulphates? or of the laws of isomorphism? Who among us has verified Thénard's experiments on the oxygenated acids; or Oersted's and Berzelius's on the radicals of the earths; or Balard's and Serullas's on the combinations of brome, &c.?" Then, in Germany, minute anatomy and physiology have been studied with an ardor that leaves us altogether in the shade; whilst, in Italy, medical science has been pursued with the most praiseworthy diligence and success. But in what, may be asked, have we excelled of late years? In nothing perhaps so much as in the plodding assiduity with which we have trod in the tracks of our continental leaders—for we have broken no new ground.

To account for our backwardness and deficiency is not very difficult. It may be briefly ascribed to the anomalous and unworthy condition in which the medical profession is placed in this country, compared with the better order of things observable among foreign nations. Here the whole business of the medical man is resolvable into his perpetual occupation as a practitioner, or as a teacher. Lucrative practice is naturally the great end and aim of all who enter the profession with average intentions—the highest ob-

ject to which any medical man amongst us can aspire, but one which puts it completely out of his power to advance or improve the science of medicine in any essential respect. "It cannot be denied," observes a distinguished writer, "that the profession of medicine labors under peculiar disadvantages. The very multiplication of the opportunities of knowledge so harasses and fatigues by the *practice* of the art, as often to afford little leisure or inclination to cultivate and extend the science." Nor should it be concealed that the arts which, from the constitution of society, are deemed necessary for getting into practice, are totally at variance with the spirit of inquiry which would tend to promote the interests of medicine; whilst those who disdain those arts have no alternative, but must either enrol themselves in the already overstocked lists of medical teachers, or abandon the profession altogether. This was the case with the late Dr. Wollaston, whose splendid talents were lost to medicine, because he could find no abiding place in it, suited to the peculiarities of his disposition and his circumstances. He wanted bread in early life, and would have gladly entered upon the regular career of his profession could he have done so by fair, straightforward, and unbending methods; but he met with repeated disappointments, which filled him with disgust, and induced him to form an unalterable resolution never to prescribe more. His attention was thenceforth turned wholly to natural science, forsaking what might then have been supposed a far more likely road to wealth than that in which he amassed an ample fortune. Nor was the case very dif-

ferent with the late Dr. Young, the most profound scholar and philosopher perhaps of the age in which we live. It is known, that with all his indefatigable industry and zeal in the pursuit of knowledge, his means, resulting from professional practice and other sources, did not suffice him; much of his valuable time was wasted in anonymous authorship; and it was not until within the last ten years of his life that he enjoyed anything like a competence, and that in the scanty emoluments afforded him by government as one of the secretaries of the Royal Society, and the then existing Board of Longitude.

And as for teaching, it is just as bad. The business of teaching is not the best mode of employing the energies of those who possess powers of invention; besides, our teachers, if they be well paid, are overworked, or overwork themselves, as in a business of commercial speculation: they naturally wish to make the most of their stock on hand.

It may therefore reasonably be inferred, that as it is with general science, so is it also with medical science in particular. There is no provision for those who would devote all their talents to its advancement—no endowment whatever—and no *honor*—if we except the degraded honor of a barren knighthood, which is occasionally bestowed upon some already eminent practitioner, and then most likely *virtute officii*; it neither blesses him who gives, nor him who takes.

Not so in other countries. In France, for instance, the sciences and scientific men are encouraged and made comfortable: liberal allowance is provided for every

member of the Academies; and it is calculated that not less than a hundred thousand pounds are expended annually in pensions to men of science, of whose services, in various ways, ministers avail themselves. We blush while we add the contrasted conduct of our own government; but it ought to be known: the amount of salaries paid to men of science in official stations, in England, is the enormous sum of two hundred and thirty-five pounds! In France, too, titles of nobility, and crosses of honor and merit, are abundantly bestowed, and with the happiest effects. We had lately occasion to call the attention of our readers to the respect shown by the present king to several of the most eminent of the faculty. The decoration of the legion of honor was conferred, among others, upon MM. Biett, Lallemand, Andral, and Chomel; and the dignity of baron, not long since, upon several others, who thereby became associated in rank with Dupuytren, Larrey, and a number of other distinguished characters. It is gratifying to reflect on the liberality of such measures; would that our government would consider the propriety of adopting something similar! We should, indeed, recommend such a step the more confidently, as it is one of those simple and efficient remedies pointed out by the eloquent writer in the Review to which we have so frequently alluded.

Next to this almost criminal neglect on the part of our rulers, that which seems to have most influence on the state of the profession, is the education of the higher classes. As long as society is constituted as it is in this country, neither medicine nor any other

branch of science can prosper. The fashion and caprice of the upper ranks take the lead in everything, and the patronage of quackery is the fashionable folly which at present prevails.

The aristocracy, in fact, have it all their own way. Their wealth, their modes of life, their style, are the greatest objects of attraction to the more numerous middle orders, and are more idolized in England than in any other part of the world. Money and official station blind the eyes of all. But the aristocracy themselves are also blinded, or at least dazzled by their own attractions; they look with contempt on any other standard of importance. They learn little in their youth that is useful; and when they grow up they have little necessity for study or reflection. They have the means and the influence to command those who long for lands and family connexion, and have but knowledge, talents and industry of their own. They give the tone to society—fix their own standard of what is to be considered proper and of good report—and the learned and wise, unless they consent to be nobody, and to remain in the outer darkness of low society, must conform to the ordinances which wealthy ignorance has made. Well might Sir H. Davy say, “we may in vain search the aristocracy now for philosophers,” and appeal to the names of Boyle, Cavendish, and Howard, for a contrast to the present, and an example of the past state of things. Ignorance and prejudice now rule the ascendant.

It will thus be perceived that the character of the profession is not only influenced by the sort of

education which they themselves receive, but perhaps still more so by the education which is bestowed on the several classes of the community, and particularly on the higher classes; and that, above all things, they must be profited by the diffusion of knowledge and refinement. But as the condition of the influential orders seems to be inveterate, and the state of medicine, as to its standing in society, is seemingly fixed by old and prescribed custom,—some have tamely given up the point, and settled it with themselves that medical men are forever doomed to plod on in the same dull and tardy pace, and that the cant phrase of the “alleviation of human suffering” fixes at once their destiny and their duty. Some have even gone so far as to congratulate the community upon having among them a profession “which performs its useful functions without an incentive to any of those valuable prizes which it is the privilege, though, indeed, the misfortune, for other professions to possess.” It is not difficult to infer, that he who entertains such an opinion as this of his profession, and is ambitious of no incentive, will never do anything towards conferring a lasting benefit on medicine. There may, however, be much truth in the conclusions arrived at with regard to the present condition and future prospects of the profession.

From the observations which we have here thrown together, it may be seen that our main object has been to expose the truly humiliating, the almost degraded, and the unquestionably backward state of medical science in England. To propose a suitable and

fully adequate remedy is what we cannot immediately presume to do ; that, we may attempt at another opportunity.

II.

A CASE OF EXTIRPATION OF AN INVERTED UTERUS, WITH REMARKS.

By JOHN ADDINGTON SYMONDS, M.D., (Edin.), Oxford.*

MRS. TIDMARSH, aged 18, was, about two years and a half ago, delivered in the country of a living child, at the full period of gestation. She reported that the labor was lingering, and that the placenta, which had been detained a considerable time, was removed with great violence. She reported also that an attack of fever came on a day or two after her delivery, which, from her description, was probably of the irritative or typhoid type, and from which she recovered very slowly. More or less uterine hemorrhage had continued for the space of nine months, when she was removed to Oxford. Mrs. T. was then laboring under great debility. Her complexion was blanched, puffy, and opaque ; the discharge from the vagina was sanguineous, for the most part liquid, but occasionally mixed with coagula. She had now and then been troubled with bearing-down sensations, but had not suffered pain in any remarkable degree. As there was no abatement of the hemorrhage after a short course of tonics with astringent injections, a manual examination was proposed, and acceded to. The result of this was the

discovery of a tumor in the vagina, about two inches and a half in length, and an inch and a quarter in the transverse diameter, broader at its inferior extremity, and slightly tapering towards the point of its attachment. Its texture was firm and incompressible between the fingers ; its surface smooth, equable, and insensible when pressed, or irritated by the points of the fingers. The os uteri embraced its upper part, and was without its usual tuberculated feel. The origin of the tumor was evidently above the mouth of the womb, but at what distance it was difficult to determine. The finger was stopped in its progress at the pubic and lateral parts, but proceeded higher up posteriorly. My father, who has had considerable experience as an accoucheur, and who was one of those who examined the tumor, affirmed that the cul de sac was entire towards the sacrum, as well as in the other directions. The question was now, whether the tumor was an inverted uterus or a polypus. In favor of the supposition that the latter was its real nature, were adduced its pyriform shape, its insensibility, the great degree of hemorrhage which had taken place, and the doubt which some entertained of there being any attachment of the neck to the posterior part of the uterus. On the other hand, the probability of its being a case of inversion was founded on the history of the labor, the equable surface of the tumor, its incompressibility, the cul de sac at its superior extremity, and on the size of the tumor having been found, in repeated examinations, to have been stationary during several weeks.

* North of England Medical and Surgical Journal.

The opinions of the medical men were at variance ; I inclined myself, though not without some degree of hesitation, and my father still more decidedly, to the latter supposition.

While the uncertainty was such, the mode of treatment was likewise in suspense. But in the midst of our doubts and deliberations, the patient improved somewhat in health and strength, and returned to the country. Nothing more was heard of her till the latter end of last October, when she again visited Oxford. She stated that there had been very little alteration in the condition of her health during her absence, the discharge from the vagina having persevered more or less, sometimes changing from the sanguineous character to that of a whitish secretion of various consistence, and sometimes omitting the space of a fortnight, but never observing any regular periodicity. Her general appearance was much the same, excepting a little more fulness or plumpness of habit, while the countenance wore the same exsanguine aspect. The appetite and the alvine function had nothing remarkable. The pulse was quick, and, as might be expected, weak and irritable. We found, by examination of the vagina, that the tumor was lower down, and, which was important, the *os tincæ* also. The texture of the tumor gave the same impression to the touch, and with regard to bulk it was a little shorter, but thicker. The lips of the *os uteri* were thin, and the point of the finger was prevented from penetrating higher than a quarter of an inch, by the now unequivocal continuity between the circumference of the neck of

the tumor and the inner surface of the mouth of the womb. Those who examined, namely, Mr. Webb, my father, and myself, coincided in the belief that the poor woman was suffering under inversion of the uterus.

After taking all the circumstances into deep consideration, and after repeatedly assuring the patient and her friends of the danger of the operation, it was determined to effect the removal of the tumor by ligature.

Accordingly, after the rectum had been well cleared out by an enema, Mr. Webb, in the presence of my father, Mr. Price, and myself, succeeded in surrounding the neck of the tumor, within the *os tincæ*, with a piece of strong whip-cord, by means of Dr. Gooch's very convenient instrument. On drawing the ligature tight, we were agreeably surprised that the patient uttered no expression of pain ; on being questioned, she said that she felt "something tight," but no pain. A kind of nervous thrill came on, and the pulse was very hurried, apparently from mental agitation, as she had entertained great apprehension respecting the suffering which the operation would produce. A large dose of Battley's preparation of opium was administered, and after having secured the canula to the thigh, for the sake of obvious precaution, we withdrew much better pleased than our anticipations had led us to expect. Mr. Webb informed me, the next day, that he had been called to Mrs. Tidmarsh a few hours after we left, in consequence of acute pain having been felt in the neighborhood of the tumor. It had been agreed to treat her as much as possible

in the same manner as the case related by Dr. Gooch, and opium was therefore given, which, together with fomentations, had the effect of quieting the pain. She was also ordered to take salines every four or five hours. I visited her, and was glad to find her free from suffering. There was scarcely any tenderness on pressure at the lower part of the abdomen. The pulse was frequent and irritable, the countenance tolerably placid, and the tongue clean and moist. On the third day the ligature was tightened without the production of pain at the time, though it came on, as before, two or three hours afterwards, and was again subdued by opium. The discharge was dreadfully fetid, though the vagina was continually washed out with injections. The ligature was tightened every other day, and the general health continued much the same. The spirits were cheerful, and the appetite good. She was allowed to take wine when oppressed by faintness, which indeed frequently came over her. On the thirteenth day the ligature, when tightened, broke, but another was immediately applied. On the fifteenth it came away, and Mr. Webb extracted the tumor from the vagina with his fingers.

An inspection of the tumor confirmed the opinion which we had formed of its structure. At the narrow extremity there was a basin-shaped cavity, lined with smooth shining membrane, evidently a part of the peritoneal coat, and at the broader end, which of course was the inverted fundus, we perceived the orifices of the fallopian tubes. If any additional evidence was necessa-

ry, it was to be found in the complicated fibrous texture visible where an incision had been made.

After the extirpation of the uterus, although the poor woman, for three or four days, reported herself free from pain, and the tenderness of the abdomen was but slight, while the discharge from the vagina had nearly ceased, and there was not that general improvement which we were so anxious to see, her pulse seldom or never fell below 100. There was great faintness on attempting to sit up in bed, and disinclination to solid food. When I saw her on the fifth day after the removal of the tumor, I felt considerable apprehension. The face was sallow and tumid, and, although she spoke cheerfully, it was evidently with effort, and there was more-over a restless moving of the eye, which betokened evil. The pulse was hurried, vibratory, and small, and the breathing very anxious. She did not complain of pain, but the abdomen was swollen. I applied my hand to the præcordia, and perceived a tumultuous palpitation, the thrill of which extended even to the right side. Mr. Webb saw her in the evening, and like myself was convinced that mischief was going on. There did not appear any indication of treatment beyond the administration of an anodyne. Wine she had taken in moderate quantity for some days. In the night Mr. Webb was called up, and found his patient suffering intense agony over the whole abdomen; it had come on suddenly three hours before the attendants sent for him. The belly was tense, and exquisitely tender to the touch, and the pulse rapid and sharp: forty leeches, fomentations, and poul-

tices, were ordered to be applied, and an enema to be administered; but no relief ensued. Rigors followed, and in the middle of the sixth day the poor woman expired.

III.

REMARKABLE DISEASE OF THE HEART. BY DR. BUET.

From the *Medico-Chirurg. Review*.

An inspection of the body took place on the next day. Purulent fluid, to the amount of a quart, was ladled out of the peritoneal sac. The inferior edge of the great omentum adhered to the upper surface of the bladder, and as it was lifted up, little streams of pus flowed from numbers of cells and depôts, formed by adhesions between the omentum and the folds of the intestines. There was no evident vascularity, except in the pelvic portion of the peritoneum. I introduced the forefinger of one hand into the vagina, and passed the same finger of the other down into the pelvis; the points of my fingers met between the rectum and the bladder, whence it was manifest that there was a free communication between that passage and the abdominal cavity. The bladder and vagina were carefully dissected out for more close inspection. At the inner extremity of the canal, there was a circular aperture capable of admitting the finger, and which consisted of the ring of the os uteri and about three lines of the cervix. Its margin had a dark hue, and we were unable to perceive any attempt at adhesive inflammation. Close upon it were seen the ovaries and remains of the fallopian tubes. The ovaries were of the usual appearance and size. The other viscera, both abdominal and thoracic, were successively examined, but nothing was found particularly deserving of mention.

A MAN, 45 years of age, of delicate constitution, narrow chest, and subject to palpitations for many years, with dyspnœa on walking quick or going up an ascent. To these were added habitual cough, sometimes dry, sometimes with expectoration. The digestive organs were often disordered, and there was considerable emaciation. The pulse was irregular, and auscultation, aided by percussion, showed the heart greatly enlarged, the pulsations being loud and tumultuous, with a confused noise of bruit de soufflet and bruit de scie. In front, the respiration was entirely masked by the sounds of the heart, excepting under the left clavicle, and in the right side of the thorax, where it was sufficiently audible throughout. In the left side, respiration only audible at the top of the lung. The right sounded well, except at one place near the nipple. The sound of the left side was dull pretty generally, except under the clavicle. The diagnosis formed was, great dilatation of the right ventricle, state of its parietes uncertain—dilatation with hypertrophy of the left ventricle—probable narrowing of the auriculo-ventricular opening of this side—the cardiac disease the principle one—lower half of left lung engorged—upper portion, as well as the whole of the right lung respirable. The case was, of course, pronounced to be fatal, and only mitigation to be attempted. Leeches were occasionally applied to the præcor-

dial region, and digitalis with diuents were ordered internally. After some days the patient found himself greatly relieved—the dyspnœa disappeared—the irregularities of the pulse ceased, and never afterwards returned—the cough abated—the expectoration decreased. This was towards the close of last September. By the middle of December, he was free from cough and expectoration, and the dyspnœa was inconsiderable. The impulsion of the heart was also much diminished—appetite good, and the patient congratulated himself on the improving state of his health. Nevertheless the emaciation went on, and his strength became reduced. After this, the old symptoms gradually recommenced, and by the beginning of March last, he was forced to keep his bed. The abdomen swelled a little, as did the ankles. The remainder of the scene may be easily imagined.

Dissection.—There was no serious effusion in any of the cavities, although the members were greatly infiltrated. Here M. Buet lauds the pleximeter of M. Piorry, and declares that by it the slightest degree of effusion in the thorax may be detected. M. Piorry examined the dead body before the chest was opened, and pronounced the absence of all effusion. This was verified on examination. The heart was enormously enlarged—at least equal to the size of a child's head. There was a large quantity of black blood. The right auricle and ventricle were greatly dilated, double, at least, the usual size, while their parietes were very thin, that of the auricle not thicker than paper. The *left*

ventricle was dilated to double the size of the right one, while its parietes were hypertrophied to the extent of an inch in thickness—of the densest structure, and deepest color. The muscular fibres of this side of the organ were remarkably developed, and offered great resistance to the scalpel. The left auricle was in its natural state. The aorta was neither dilated nor contracted. The lung of the right side was slightly engorged, but crepitant throughout. The upper half of the *left* lung resembled that of the right; but all the rest was hepatised in the last degree. There were neither tubercles nor supuration. No effusion into the abdomen.

Was this a case where Baron Larrey's mode of treatment was applicable? Whatever influence the counterirritation of the Baron might have had on the hypertrophy of the left side of the heart, it could not have been of any advantage to the passive dilatation of the right chambers. The Baron would, however, have put his favorite measures in force, but with what success we will not pretend to divine.

IV.

ISCHURIA RENALIS.

THIS is a very unfrequent, but a very dangerous disease. Many medical men, of great practice, have never once seen it—and when seen, it is not always that a post-mortem examination is obtained.

The patient, in the present instance, was an invalid of the garri-son of Tannah, in the East In-

dies, aged 50, who was admitted into the Regimental Hospital, on the 18th October, 1818, complaining of paucity of urine—not more than a small teacupful in the 24 hours. He had nausea ; but no fixed pain in any part. When first attacked, several hours before admission, he experienced some uneasiness in the lumbar region, attended with vertigo. He was ordered a dose of castor oil, and afterwards a draught with tinct. opii and nitrous ether. *Second day.* No alteration in the symptoms. The draught several times repeated. *Third day.* The sensorium appeared much affected, as marked by drowsiness, unsettled state of mind, and loss of memory. His eyes were suffused, yellow, and slightly injected ; pulse slow and full ; some convulsive motion in one of the arms. The catheter was introduced into the bladder, but no urine was found there. He was bled to twenty ounces—took four grains of calomel, with the same quantity of antimonial powder—and then had a blister to the lumbar region. The blood was cupped, and slightly buffed. *Fourth day.* Less affection of the sensorium ; no increase of urine : a brisk purgative ; blister to the nape of the neck. *Fifth day.* Sensorial disturbance increased ; great drowsiness ; tongue brown and hard : purgative medicines produced no effect. *Sixth day.* Coma continues to increase ; bowels obstinately confined. Died on the seventh day.

Dissection.—The stomach was much thickened, and its villous coat very vascular. The liver was enlarged—displaced the intestines, and had elongated the mesentery. The spleen was en-

larged to five times its natural size, and was very firm. The colon was contracted throughout its whole extent. The kidneys were enlarged to double their usual size, and were much altered in structure, having the pelves unnaturally small, and the mammillary processes so changed as to be with difficulty recognised from the mass of disease. The impression on Mr. Bird's mind was, that the urinary secretion must have been imperfect for a length of time. In the head, there was a general serous effusion throughout the substance of the brain, and into the lateral ventricles.*

The author is disposed to connect ischuria renalis with liver affection rather than organic disease of the kidneys. We are certainly inclined to attribute this dangerous malady more to a constitutional than to a local cause—more to a general disorder of function in various organs, than to an insulated organic disease, however extensive, of any one viscus. It is one of the various ways in which Nature breaks up the human fabric in despair, when her conservative powers are foiled!—*Id.*

V.

FATAL EPISTAXIS.

IN the fifth volume of the Calcutta Transactions, just received, we find the following report by Surgeon Seevewright.

Case.—Corporal Ambler, aged 40, was admitted into hospital on the 28th September, 1826, in a state of profuse hemorrhage from

* Transactions of the Medical and Physical Society of Calcutta, Vol. V.

the nose, confined chiefly to the right nostril. It had commenced two hours previously, in his barrack-room, and it appeared that he had lost a considerable quantity of blood before he was brought into the hospital. He had been inebriated for several days, and, on the 20th September, had fallen down a flight of stairs and injured his head and nose. Wet cloths were applied to the head, and an attempt was made to plug the nostrils. A sense of suffocation prevented the execution of this measure. A dossil of lint, dipped in spirits, was introduced into the nostril, and, for a short time, checked the hemorrhage. Afterwards a strong solution of the cupri sulphas was used, but produced sickness. The hemorrhage ceased and returned through the day. The patient passed a quiet night ; the hemor-

rhage came on fresh on the morning of the 29th, and next day he expired.

On dissection, it was observed that the dura mater adhered with exceeding little tenacity to the skull. The vessels of the brain, at first sight, appeared congested; but, on more minute examination, many of them were found empty, and others containing a colorless fluid. The serous effusion between the membranes and in the ventricles, amounted to upwards of six ounces. The substance of the brain itself was firm. A large coagulum of blood was traced from the left nostril, communicating with the frontal sinus. There was a similar one on the other side. The right antrum maxillare was filled with a clot of blood. The precise source of the hemorrhage does not appear to have been ascertained.—*Ib.*

BOSTON, TUESDAY, JANUARY 25, 1831.

ANATOMY OF THE BONES AND JOINTS.

WE have before us a very excellent work, by Dr. Gross, on the *Anatomy, Physiology and Diseases of the Bones and Joints*. It is the best treatise on the subject we have ever read ; and although designed, by its youthful author, for an elementary work chiefly for the use of students, it will be found a valuable companion to the practitioner. Its arrangement is simple, its language plain and expressive, and the resources from which the information it contains has been derived, numerous and authentic. The author first gives a very concise view of the surgical anatomy

of the bones ; he then passes to, first, a general, and then a particular and full account of their various fractures, and, lastly, of their diseases. The second part commences with a short description of the surgical anatomy of the joints, and proceeds with a history of their injuries and their diseases.

In the details of the proper treatment of all the affections described, the author has availed himself of the most important improvements of modern surgery ; and, at the close of each chapter, has given a list of all the best authors who have discussed the subject of it.—On the whole, we cordially recommend the work as

one of great utility in practice, as well as particularly instructive to medical students.

BLACKNESS OF THE TONGUE.

A HISTORY is given, in a late foreign periodical, of a case of peripneumony, in which the tongue assumed a look of excessive blackness, and the feces were characterized by the same appearance. As there was no color in any article of food or medicine the patient had taken which could account for this inky blackness of the whole upper surface of the tongue, it excited much alarm; and was the more distressing and remarkable, as it came on at a period deemed of convalescence by the physician, and when the hopes of his friends had been encouraged and were indulged with great freedom.

In the course of investigation into the cause of this symptom, it appeared that the patient had been in the habit of moistening his mouth with the pulp of apple which had been boiled in an iron sauce-pan; but, on examining this apple, it was not found to be at all discolored. By immersing it in a solution of tea, however, a dense black cloud was immediately precipitated,—showing that the apple had acted chemically on the iron vessel. The same experiment tried with apple boiled in earthen, gave no such precipitate. It turned out, therefore, that the apple given the patient, upon meeting on the tongue the tannin contained in the tea he drank occasionally, formed a black oxyde, which gave the deep inky hue to the fur on its surface.

This case is instructive, as it shows us how we may be deceived in cases of fever, and draw conclusions from a hasty look at the tongue, which may lead to erroneous, and perhaps fatal treatment. A physician who, for the sake of appearing wise or decisive, forms and expresses an opinion of the state of his patient hastily, or prescribes without deliberate reflection on all the circumstances of the case, is always a dangerous practitioner; and among the most useful kinds of knowledge, is that which opens to us the different sources of error in reasoning on the appearance of the tongue in different states and stages of disease.

LEGAL RESTRAINT ON QUACKERY.

A *third* jury has pronounced a deliberate verdict on that celebrated transatlantic quack, Mr. St. John Long. The ground on which the verdict was founded, was “the principle of gross ignorance.” The same jury entered a protest in the following terms:—“The jury, in delivering their verdict, think it an incumbent duty on them, on the present important and melancholy occasion, to state it as their solemn conviction, that the time is now arrived for the legislature to adopt immediate measures to prevent any further sacrifice of human life, by stopping persons to act as surgeons who are not duly qualified to act as such.” It is truly surprising to find among the dupes of this transcendant impostor—who, for gross ignorance and barbarous daring, has but few equals in this country—some of the high-

named and titled gentry of England.

MORTALITY OF BOSTON.

THE following are the diseases, as far as they have been reported to the Health Office, which have occasioned the deaths in the City during the past year:—

Apoplexy	-	-	12
Asthma	-	-	1
Abscess	-	-	3
Accidental	-	-	8
Brain, diseases of	-	-	6
Bowels, diseases of	-	-	6
Bleeding	-	-	7
Burn	-	-	7
Childbed diseases	-	-	13
Consumption	-	-	193
Chickenpox	-	-	1
Cholera Infantum	-	-	12
Cholera Morbus	-	-	8
Convulsions	-	-	27
Croup	-	-	42
Canker	-	-	10
Cancer	-	-	6
Colic	-	-	1
Colic, bilious	-	-	1
Dropsy	-	-	15
Dropsy of the Heart	-	-	2
Dropsy of the Brain	-	-	43
Dropsy of the Chest	-	-	3
Diseases unknown	-	-	152
Dysentery	-	-	22
Diarrhoea	-	-	1
Drowned	-	-	15
Delirium	-	-	2
Debility	-	-	3
Diabetes	-	-	1
Fever, unknown kind	-	-	10
“ Intermittent	-	-	1
“ Lung	-	-	56
“ Inflamtaatory	-	-	1
“ Typhous	-	-	23
“ Brain	-	-	9
“ Childbed	-	-	3
“ Bilious	-	-	4
Frozen	-	-	2
Gravel	-	-	1
Hooping Cough	-	-	16
Heart, diseases of	-	-	11

Hip Complaint	-	-	4
Inflammation	-	-	1
“ of the Lungs	-	-	12
“ of the Bowels	-	-	14
Infantile Diseases	-	-	41
Intemperance	-	-	19
Insanity	-	-	4
Kidneys, disease of	-	-	1
Liver Complaint	-	-	17
Measles	-	-	13
Mortification	-	-	4
Nervous Affection	-	-	2
Old Age	-	-	47
Pleurisy	-	-	2
Palsy	-	-	14
Quinsey	-	-	4
Rheumatism	-	-	2
Rupture	-	-	1
Stillborn	-	-	100
Strangury	-	-	1
Scald	-	-	3
Scrofula	-	-	5
Sudden	-	-	8
Smallpox	-	-	5
Sun-struck	-	-	1
Stomach, diseases of	-	-	2
Suicide	-	-	8
Spasm	-	-	1
Syphilis	-	-	1
Tumor	-	-	3
Throat Distemper	-	-	1
Teething	-	-	12
Ulcer	-	-	1
Worms	-	-	1

Total 1125

It will be remarked that in the past year, as in the preceding, about a quarter part of all the deaths have been occasioned by pulmonary diseases.

EULOGY ON DR. GODMAN.

AN eulogy on Dr. Godman was lately delivered at Washington, by Dr. Sewall, Professor of Anatomy and Physiology in the Columbian College. It abounds with facts illustrative, in the life of Dr. G., of the principle he so firmly believed and

frequently maintained, that no good comes but of labor. Indeed, if Dr. Sewall has not stated his cases too strongly, we should fear the intense-ness of Dr. Godman's application amounted almost to a weakness—for we account it wise in no man to hazard his bodily health in the acquisition of honor, or even in the cause of well doing.

This eulogy was given as an introductory lecture to the medical class. It contains much which is calculated to inspire young students with the desire of excellence, and to stimulate them to the only proper means of attaining it, and is marked by that soundness and high-toned morality which characterizes most of the productions of Dr. Sewall.

"The productions of Dr. Godman's pen, and the fruits of his labor, are too numerous to be specified. Among them will be found, 'Anatomical Investigations, comprising a Description of various Fasciæ of the Human Body;'—'An Account of some Irregularities of Structure and Morbid Anatomy;'—'Contributions to Physiological and Pathological Anatomy;'—'A System of Natural History of American Quadrupeds;'—'An Edition of Bell's Anatomy, with Notes;'—'Rambles of a Naturalist.' Several articles on Natural History, for the American Encyclopædia, besides numerous papers which have appeared in the periodical journals of the day. At one time he was the principal Editor of the 'Philadelphia Journal of the Medical and Physical Sciences;' and projected, and commenced the present form of that work, as now published under the title of the 'American Journal of the Medical Sciences.' He collected and published, some time before his death, a volume of Addresses which he had

delivered on different public occasions."

CHOLERA MORBUS.

WE stated two weeks ago, in our notice of the cholera now prevailing in Russia, that it had existed in some portions of the old world for the last twelve years. As some questions have been propounded to us on this subject, the following particulars may not be impertinent.

At a meeting of the French Institute, communications from various parts of the Russian Empire were made by M. Moreau de Joannes, on the progress which the Cholera Morbus has made in that empire; to which M. de Humboldt added some very curious facts he had obtained during his recent travels in Asiatic Russia. His statement began with its first appearance in the Bombay army, in 1818,—from whence, in 1819, it spread to the Isle of France and Madagascar. In 1821 it appeared at Bussora; from whence it spread by the Euphrates to Syria: it diminished in violence for three years, although it spread along nearly the whole of the northern coast of Africa. In 1823 it appeared on the borders of the Caspian Sea, and made dreadful ravages at Astracan, spreading from thence into Central Asia, whence it was supposed to have been brought by the caravans, which generally consist of three or four thousand men and camels; but this supposition M. de Humboldt proves, by facts, could not have been the case. In 1829 it broke out on the Persian frontiers of the Russian Empire, from whence it spread into Georgia, where, in one city of 30,000 inhabitants, only 8000 escaped. On the 31st July, 1830, it again appeared at Astracan, where 21,000 persons died,—from whence it extended into the country of the Don Cossacs,

and arrived at Moscow, having spread over 46,500 square leagues of country. The official bulletin published at Moscow states, that, from the 28th September to the 11th October, one in three of all those attacked died. It is also stated that it has recently appeared in the neighborhood of Constantinople. It was at Odessa on the 8th October, from whence it is feared it will gain Greece, Italy, and the southern parts of France, though its effects are suspended by the winter. The Institute deprecated the present conduct of Russia in marching large bodies of troops from countries infected with it to countries that are not, and more especially as it is historically known that it first appeared and was propagated in India by Lord Hastings' army.

Respect shown by the French Government to the Medical Profession.

—An "ordonnance" has just appeared conferring the decoration of the Legion of Honor on MM. Rostan, Bielt, Lallemand, Andral fils, Chomel, and Barruel. Not many months ago, several medical men in Paris were created Barons. The document above mentioned is followed by a report from the Minister of the Interior to the King, from which we subjoin an extract.—"Medicine is at once the noblest of sciences, and the most useful of professions,—nevertheless it offers but few resources to those who practice or to those who teach it. By the very nature of their pursuits, physicians seem to be in some degree excluded from the ordinary paths of ambition. It is therefore just that the government should bestow upon them a large share of the honors awarded to merit."

Phthisis Pulmonalis in Paris.—

The total number of deaths in Paris during the year of 1828, was twenty-four thousand two hundred and ninety-nine,—of which eleven thousand four hundred and thirty were males, and twelve thousand eight hundred and fifty-nine females.

The deaths by pulmonary consumption were one thousand one hundred and thirty-three men, and one thousand five hundred and twenty-six women,—in addition to which, six hundred and eighty-eight men, and eight hundred and fifty-one women, died of chronic pulmonary catarrh (which is almost identical with prolonged phthisis), making a total of four thousand one hundred and ninety-six, or more than one sixth of the whole number of deaths.

A "Reformed" Medical College was opened on the 9th ult., in Worthington, Ohio. This establishment promises to discard the knife, mercury, and the practice of bleeding, from its practice for the cure of fevers, consumptions, dyspepsia, liver complaints, cancers, gravel, &c., and to teach a correct knowledge of the nature, operation, and superior efficacy, of vegetable agents in removing disease!!

It was a wise remark of Sydenham, that, in the physician, more skill is required to know when to do nothing, than in the vigorous application of the most active means of cure.

Mr. L. Macomber, of Gardiner, Maine, announces that he has succeeded in making *India Rubber Hats*, an "elegant article," exceedingly light, and so elastic as to be folded like a handkerchief without suffering injury.

Whole number of deaths in Boston the week ending January 13th, 18. Males, 9,—Females, 8. Stillborn, 1.

Of intemperance, 1—consumption, 4—debility, 1—croup, 1—cholera morbus, 1—liver complaint, 1—brain fever, 1—disease of the brain, 1—drowned, 1—unknown, 2—dropsy, 1—old age, 1—dropsy on the brain, 1.

ADVERTISEMENT.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 188 Washington Street.*

NEURALGIC DISEASES.

A TREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

WILLIAMS ON DISEASES OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY.

CARTER, HENDEE & BARCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes.

By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

HALL ON LOSS OF BLOOD.

THIS day received, by CARTER & HENDEE, "Researches, principally relative to the Morbid and Curative Effects of Loss of Blood." By MARSHALL HALL, M.D. F.R.S.E. Dec. 6.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, 8 Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a fair price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

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ABERCROMBIE ON DISEASES OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, FEBRUARY 1, 1831.

[No. 51.]

I.

NEURALGIA AND TUMORS OF NERVES.

From the Medico-Chirurg. Review.

AFTER amputation and after injuries, the nerves sometimes swell and form small tubercles, which at times are acutely painful, especially on changes of weather. But slight or severe operations, in very irritable persons, and particularly in young females, will give rise to painful affections, which appear to depend more on a hysterical or nervous habit, than on organic changes in the nerves. Thus the painful affections in the arms of young women, so frequent after venesection, are, in nine cases out of ten, altogether unconnected with wound of the nerve, though the contrary is vulgarly imagined to be the case. The following would seem to be an instance of this kind.

Case 1.—Mr. Cowan amputated the forearm of a girl twenty years of age, at the secondary period, for an extensive wound by machinery. The stump healed, but she then became affected with excruciating attacks of pain in it, extending up the arm, generally commencing at 6 o'clock in the morning and evening, and lasting for some hours. The pain was excited by pressure on the stump at two particular points. She was cured by quinine in full doses,

and a relapse shortly afterwards was likewise treated with success in the same manner.

Now it is not improbable that, had this young woman never undergone an operation at all, she would have suffered from some other form of those hysterical pains which are the heritage of her sex. But it is certain that injuries, however inflicted, give a greater disposition to these affections, and determine the part which the lady more especially attacks. In almost all the cases which we have witnessed of hysterical pain in the knee or breast, the patient has referred the origin of her complaint to a blow, real or imagined. The next case is of another description.

Case 2.—J. R., æt. 36, admitted Jan. 19, 1830, with a small tumor the size of a bean, a little above the left superciliary ridge of the frontal bone, towards its inner angle. It is freely moveable, and the seat of severe throbbing pain, extending across the forehead and over the scalp, excited by stooping, coming on in a paroxysm at nine o'clock in the evening, and continuing till day-break. The pain prevents sleep. He first observed the tumor when about the size of a pea some years ago, and attributes it to wearing the Scots Greys' helmet. He has had the paroxysms regularly every night

for these last twelve months, but latterly they have much increased in severity. Mr. Cowan gave a trial to quinine, but it failed, and on the 23d he removed the tumor by the knife: it was firm in its texture, and appeared to be an enlargement of the nerve; but of this Mr. C. speaks with diffidence. The patient was dismissed cured on the 26th, and remains well.

Case 3.—J. R., æt. 22, admitted Nov. 28th, with a large, hard, moveable tumor, occupying the posterior part of the lower third of the left thigh, and the upper part of the popliteal space. It presses out the ham-strings laterally, but is unattached to the integuments, which merely display a few enlarged veins. The tumor is devoid of pain, except when pressed laterally or downwards upon the femur, when acute pain is felt, succeeded in a few seconds by an aching on each side, and on the under surface of the heel, from which, at intervals, darting pains proceed to the toes and dorsum of the foot. These latter are felt independent of pressure on the tumor. The pains are so severe at night, that he constantly maintains the erect position, and his sleep is broken by troubled dreams. He has lost flesh, and the appetite is bad. The tumor was first noticed five years ago; the severe pain in the foot commenced nine weeks ago.

During his continuance in the hospital, various means were tried without relief. Opium, iodine, leeches, blisters, quinine, were all unsuccessful. The extirpation of the tumor was “out of the question,”—the patient would not submit to amputation—and on the 27th of January he left the house.

He returned in the course of a month, the disease having increased in severity, and about the middle of May the limb was amputated. Mr. Cowan examined the tumor after it was placed in spirits: it was formed by a dilatation of the structure of the tibial nerve which formed the external covering, but internally it seemed to consist wholly of fibrine, separable with ease from its nervous sheath, to which it was unattached. The patient died three weeks after the operation, with symptoms of affection of the chest.

Mr. Cowan observes that this was an example of the disease *neuroma*, a term first applied, by Odier, of Geneva, to tumors formed by diseased enlargements of nerves. A paper on the subject, by Mr. Wood, President of the College of Edinburgh, will be found in Transactions of the Medico-Chirurgical Society of Edinburgh, Vol. III., Part II. We have seen one case of tetanus, and heard of another, in which wound of a nerve produced a kind of knot or ganglion upon it, that appeared to be the cause of the tetanic symptoms. But this is a different kind of a case from that related by Mr. Cowan.

II.

ON THE EMPLOYMENT OF METALLIC MERCURY IN CASES OF VOLVULUS.*

By M. EBERS.

THE author gives a rapid sketch of the various means that have been recommended in intestinal intus-susception, and then enters more at length into an account of the employment of quicksilver in

* Bulletin des Sc. Medicales.

such cases. In the use of this remedy, there is much less danger than has been supposed by many physicians; but it is doubtful whether it is equally applicable when the superior portion of intestine has slipped into the inferior, as when the reverse has happened. It would appear that it can only be of use when a lower portion of intestine is invaginated in an upper: but as it is absolutely impossible to distinguish this difference during life, we must take the chance, when symptoms occur of such a nature as to demand the treatment referred to.

Two cases are related. In the first, a laborer of advanced age, who, after a very active life, had become comparatively indolent, was subjected to frequent attacks of pain in the belly, with constipation. Various remedies were prescribed; but at last, probably from a severe fit of indigestion, the pains increased very much in severity, and were not relieved by any treatment. Frequent vomiting came on, and at length fecal matter was discharged by the mouth. Every symptom announced the speedy dissolution of the patient, and, as a last resource, it was determined to give quicksilver. One ounce was given, and immediately after, a cup of broth. Two hours after, two ounces were administered. The vomiting now ceased, and the patient slept calmly. When he awoke he still complained of pain, but it was much diminished. He was persuaded, with some difficulty, to take a third dose of the remedy. In about an hour after this last dose, a loud borborismus was heard in the belly; the patient was extremely rest-

less, screamed out violently, and it was believed he would quickly die: but suddenly he rose from his bed, and discharged from the anus an immense quantity of fecal matter, and in the course of a very short time he had several stools. The mercury was seen divided into small globules in the evacuations. The cure was now completely effected.

In the second case, a woman had suffered violent colic for many days, in consequence of obstinate constipation. She vomited incessantly, and discharged fecal matter by the mouth, together with a brown chocolate-colored mass. Her face exhibited great anxiety; skin cold, pulse small and rapid, great debility. The danger was imminent. Great tenderness over the whole surface of the abdomen, which had a doughy feel, from the immense accumulation of feces. The patient was in a constant state of agitation, and uttered the most piercing cries. A warm bath and clysters were tried, without benefit. Every medicine was immediately rejected, with violent vomiting. M. Ebers now determined to give four ounces of quicksilver at a dose. In a few minutes after having taken it, she became more tranquil, although the pain continued with equal severity. In an hour, two ounces more of the metal were given, and the patient soon fell asleep. She had not dozed more than half an hour, when she awoke in an apparently dying state; but at the same moment she had a very copious and fetid evacuation, which was followed by several more. In each evacuation mercury was detected. After this free action upon the bowels, the patient was com-

pletely relieved, and in a few days she was restored to her accustomed health.

It will be observed, that, in both these cases, the mercury acted in a similar manner. At first there was a state of comparative calmness after taking the remedy, and then sleep. When the patients awoke, the symptoms were very alarming for a short time, but copious stools followed, and health was quickly restored.

III.

CASE OF EPILEPSY.

By J. M. STAUGHTON, M.D., late Professor of Surgery in the Medical Department of the Columbian College.

From the *Western Journ. of Med.*

In the summer of 1827, a gentleman of about fifty-three years of age and of sedentary habits, as he was walking from Washington City to Georgetown, suddenly fell to the ground and was violently convulsed. After a few minutes he came to himself, and walked, not without much difficulty, to his lodgings in Georgetown, a distance of about half a mile. He was put to bed, and shortly after had another convulsion, which was followed by great exhaustion, during which the contents of the bladder and rectum were involuntarily discharged. I was sent for, and saw him that evening. I found him very weak from his convulsions; his pulse was full and soft, and there was nothing to indicate the slightest apoplectic tendency. His mind was unimpaired, and though he confessed himself much alarmed, coolly reasoned on the consequences.

He was a man of great regularity in his mode of life, and his tongue did not seem to indicate that the epilepsy was of a gastric origin. After directing a stimulating pediluvium, I left him. The next morning he was better, sitting up and trying to write. He found that he could not command the motions of the right hand, and showed me, with great concern, the almost illegible lines that he had written. This gradually vanished, and in a few days he was able to walk over to my house, a distance of two miles, thinking himself perfectly recovered. A week or ten days after this, as he was walking along Pennsylvania Avenue, another convulsion prostrated him. He was carried into an adjoining house, and some one bled him. The venesection appeared to cause a repetition of the convulsion. He was put to bed, and a man was hired to attend him. When I saw him the next morning, he addressed me by name—then suddenly turned on his left side, and the whole right side of the body underwent a powerful convulsion, which lasted about a minute, and then gradually abated. From the consequent debility he slowly aroused, and entered into free conversation, which was arrested in about ten minutes by a similar convulsion, lasting much about the same length of time as the preceding, and which left him much in the same state. His attendant told me that these convulsions had succeeded each other, during the whole night, at intervals of ten or fifteen minutes, and that they resembled those that I had first witnessed. The patient's pulse was weak, and small, and quick. The skin, tongue, and counte-

nance, were natural. The bowels were constipated. During the convulsions, the face was frightfully distorted on the right side, and the eyes wildly rolled in various directions, the lids remaining wide open. There was a regular motion of the right arm at the commencement of each convulsion, by which the thumb was brought over the forehead, ploughing up the skin and keeping the face bloody. I ought to mention more particularly that the convulsive action was confined to the right side of the body, the left remaining perfectly in a quiescent state, with the muscles flaccid—resembling, in a very striking manner, the effect of the *strychnos nux vomica* in Hemiplegia.

Without giving minutely the daily history of the case, I will simply state that these convulsions continued at the same intervals for nine days; his bodily vigor sinking under their exhausting effects, but his mind continuing calm and collected in the intermissions. He talked unreservedly with me on his temporal affairs, and was perfectly sensible of his dangerous state. He requested me to write to his sister in Corsica, of which island he was a native, to inform her of his dissolution, when it should occur. His vital energies were evidently giving way, and I looked forward to his certain departure.

He was a man of highly accomplished education, a graduate of one of the most distinguished Universities of Italy, and spoke the Latin, Italian, and French, with great fluency. It is very singular that, from the moment of his attack, he utterly forgot what little of English he had learned during

his residence in Great Britain and America, nor did he ever recover it. Yet he retained a facile remembrance of the languages he had learned in his boyhood.

Notwithstanding I made use of all the therapeutic means which are universally employed in similar cases; and though I had the benefit of the advice of Drs. Mecklin and Burrows, of Washington, I am free to confess my belief that our remedies were of very little service, and that his recovery is to be ascribed to the powerful efforts of his system.

For he did recover—and the only vestige of his disease that remained was slight hemiplegia on the right side, which did not materially interfere with his walking. This, too, gradually wore off, and when, some months after, he left the city, a very slight halt in his gait indicated the relic of his paralysis.

A short time before he left Washington, he communicated to me confidentially the cause of his disease, with a request that after his death I would publish his case. He is since dead in a distant land, and I now comply with his request in presenting his history to the profession. From what I can learn, he fell a victim to the baneful cause which I proceed to mention. *Ecclesiasticus fuit, et regulis ecclesiæ suæ a matrimonio prohibitus. Per complurimos annos assuefactus fuit libidinis suæ de masturbatione solatium præbere.*

I am aware that this is no new case. The writings of Tissot, Broussais, Fournier, and others, present many interesting cases of this character.

This miserable victim of a habit, unfortunately but too com-

mon, ascribed the failure of his memory and of his health to this cause, and bitterly did he lament that the institutions of his sect prescribed a life of celibacy which so illy corresponded with his passions and social feelings.

IV.

REMARKS ON THE INFLUENCE OF ACIDS IN PROMOTING SALIVATION.*

*Communicated in a Letter to Dr.
DRAKE.*

DEAR SIR,—I observed in the April No. of the "Western Journal of Medical and Physical Sciences," an article from the North American Med. and Surg. Journal, noticing a letter of Dr. Harty, of Dublin, in which it is stated that the use of the sulphate of quinine accelerates mercurial salivation, and frequently induces calomel to excite ptyalism, when it probably would not otherwise have occurred.

In reflecting on this subject, I am inclined to think that Dr. Harty has not made the requisite observation on the use of the article. I have been in the practice of using the sulphate of quinine pretty extensively for several years, during the administration of calomel, and have observed no such effect as that of accelerating mercurial salivation. Besides, Dr. H. has not stated *his manner of preparing and exhibiting the quinine*, which is certainly very important in forming an opinion on the subject. If Dr. H. dissolved the quinine in water, by adding a small quantity of diluted sulphuric acid, as is a very

common practice, ptyalism, when calomel or any other preparation of mercury had been used, would be a very probable consequence, as I have often witnessed; but the salivation, in this case, would be owing to the acid in the mixture, and not to the quinine.

I have observed, for a number of years, that acids of any kind will cause calomel to affect the mouth, when no such effect would have resulted from its use, had the acids been entirely avoided.

Bilious remittent fevers prevailed extensively, during the summer of 1828, in this place and the surrounding country, and my brother and myself were in the daily use of calomel as a cathartic, and quinine as a tonic, in the latter stages of the disease; yet we had not more than five or six cases of sore mouth, and these were brought about by the use of acids—lemonade, vinegar, or soda powders, in which there was an excess of acid—or pickles, &c. We are in the practice of giving calomel liberally, without having anything like ptyalism in any case where we do not wish to produce it, and can get our patients rigidly to follow directions.

I am of opinion, that in remittent fevers, mercury, when its action is determined to the glands about the mouth, becomes, instead of a salutary remedy, a *local irritant*. If this opinion be true, a salivation ought not to be produced by mercury, in this disease, unless we feel confident that we can produce, at the same time, a *mercurial fever*, which shall supersede and take the place of the original disease. Even in this case, it is questionable whether the indication may not be better answered by a different course.

* From the same.

I have long since adopted the opinion, that *we may, with proper care, have all the advantages which mercury can afford, without its inconveniences*, in every description of fever calling for its use. With these views, I have prescribed it almost habitually, both as a cathartic and alterative, only using the precaution to direct my patients to avoid every kind of acid. The prejudices, and almost insuperable objections, which many people have to the use of calomel, seem to have had their origin in the inconvenience on salivation. These prejudices frequently deprive us of the use of this invaluable article: an article which we can use when scarcely any other can be retained in the stomach; which, when combined with opium, has no superior in calming an irritable stomach; which will change the secretions of the liver, and chylopoietic viscera, from a morbid to a healthy kind, more certainly than any other in the materia medica.

Humanity requires that we should inflict no more pain, nor subject our patients to no more inconvenience or suffering, than the necessity of the case absolutely demands. Why should we then subject our patients to the pain and inconvenience of a mercurial sore mouth, when we are able to cure them without it; especially if we can obtain all the remedial agency of mercury without salivation?

If avoiding every kind of acid during the use of mercury, will enable our patients to escape salivation, by reversing the rule in those cases in which we wish a speedy salivation, we may almost always succeed in producing this effect by giving acid drinks freely,

and at the same time washing the mouth with vinegar, or other acids. This I have found true in those *few* cases in which I have had occasion to try it. And I have very little doubt that other practitioners, after a fair trial, will find it generally the case.

I have been led to make these remarks, in consequence of not being able to recollect any notice of the effect of acids, when given along with, or shortly after the use of, calomel.—Should you think them of any use to the profession, you are at liberty to publish them.

Very respectfully, your friend,
THOS. TOWNSEND.

V.

AN ACCOUNT OF SOME SPORADIC CASES OF APHTHOUS SORE MOUTH, OCCURRING IN PREGNANT FEMALES, AND ATTENDED WITH SOME UNUSUAL SYMPTOMS.

By Dr. JOHN COOK BENNET, of
Barnesville, Ohio.

BELIEVING it to be the duty of every physician to record and report all diseases attended with malignant or uncommon symptoms, I proceed to give you an account of a very troublesome disease, several cases of which have lately fallen under my observation, and were attended with a degree of obstinacy and severity that I was perfectly unprepared for by anything I had previously seen or read.

The subjects of the disease were all females in a state of pregnancy. Whether this circumstance had an influence in predisposing to the disease, or whether the association was mere-

ly accidental, the number of cases I have met with does not authorize me to determine. The first symptom which attracted the attention of the patient, was an immoderate flow of saliva, as profuse as if the salivary glands were acted on by mercury. The saliva soon became so offensive to the patient, as to keep the stomach in a state of continual irritation, and, in the more severe cases, to produce anorexia, and occasional vomiting. In a few days, small white vesicles appeared on the tip and edges of the tongue. These vesicles soon extended over the whole surface of the mouth, and were so much disposed to ulcerate, that deep and troublesome sores were formed, so very irritable that scarcely anything could be taken into the mouth without causing extreme pain. The disease soon extended to the alimentary canal, its progress being marked by a burning sensation in the stomach, with tenderness on pressure, flatulence, acidity, and disposition to vomit, in some instances so great as to reject with violence everything received into the stomach. The administration of cathartics produced watery evacuations, frequently combined with membranous flakes of coagulable lymph, or with streaks of blood, and, in the advanced stages of the disease, with pus. The irritation, in some cases, appeared to extend to the schneiderian membrane, as both the taste and smell were very much impaired.

The febrile symptoms were very slight in the early stages of the disease, except in one case, in which they ran high. When, however, the patient became reduced, from the salivation, pain,

and loss of sleep, the vascular system partook in the general irritability. The salivation and the aphthous condition of the mouth continued about four months, and then gradually subsided. Upon one case, a troublesome dysuria attended.

In the treatment of the disease, mild purgatives, principally castor oil and magnesia, were used at the commencement, and occasionally, as the symptoms required, throughout the disease, and were almost the only remedies that proved of decided utility. The various antacids were used with very little advantage. The great irritability and soreness limited us very much in the use of gargles. The aqueous solution of opium produced temporary palliation; the various astringent gargles were tried, without affording relief. The most advantage was derived, in the advanced stage of the disease, from a weak preparation of muriatic acid. The above, with the occasional administration of an anodyne, as the severity of the pain and the irritability of the system required, was the outline of the remedial treatment pursued. The diet of the patient, at the commencement, was composed principally of mucilaginous drinks, and, in the advanced stages, to these were added light articles of farinaceous food.

Five of my patients recovered, and one died. I am not aware that any mode of treatment was materially instrumental in shortening the disease. It appeared obstinately to run its course, in spite of our remedies, continuing about four months in each case, and then gradually subsiding.—*Id.*

VI.

REMARKS IN RELATION TO THE USE
OF THE TROCAR IN PARACENTESIS
ABDOMINIS.

By JABEZ W. HEUSTIS, M.D., of
Alabama.

WHOEVER has performed the operation of paracentesis of the abdomen with the trocar in ordinary use, must be aware of the degree of difficulty attending it. The operation is simple and unimportant itself, but when the trocar is pushed against the parietes of the abdomen, considerable force is required to make it enter. This comes partly from the abrupt bluntness of the trocar, but principally from the resistance exerted by the canula; the surrounding parts closing upon and embracing the perforator, and thus refusing admission to the instrument without the use of considerable force. Having uniformly experienced these difficulties in the use of the trocar, of which I have used those of the best construction, I have, for a considerable time, laid this instrument entirely aside in all cases of ascites requiring puncturing. As a substitute, I make use of the common thumb lancet; in the distended state of the abdomen this is introduced without the least difficulty, and, contrary to what happens with the trocar, causes little or no pain. For a canula, to conduct the water, I make use of a quill cut off at both ends. A silver canula, with one end closed, and a small opening on each side, would be more elegant, but not having an instrument of this description, I have found the quill answer every purpose. The superior advantage and facility of this mode of operating, need only

to be tried to be fully appreciated. I claim but little merit in the plan here prescribed, presuming that others may have previously adopted the same,—being a practice that would obviously suggest itself to every one who has had any share of experience in paracentesis abdominis.

New York Med. Journ.

VII.

CASE IN WHICH A NAIL WAS SWALLOWED BY A CHILD SIX YEARS OLD.

By J. W. HEUSTIS, M.D., of Alabama.

ON the ninth of November, I was sent for in haste to visit a child six years of age, who, I was told, had swallowed a shingle nail. On my arrival, I found the child apparently well, complaining of no pain or uneasiness, though I learned that his throat had been considerably scratched by the passage of the nail, which was rusty, and a little crooked at the point. I remained all night; but no unfavorable symptoms occurring, I did not think proper to exhibit any medicine with the view of producing the expulsion of the nail, concluding that the more quiet the stomach and bowels could be kept, the greater probability would there be of its passing off without producing any injury. No unpleasant symptoms took place for about a week, when, very early one morning, the child was suddenly seized with pain and great sickness of the stomach—and in the effort of vomiting he threw up the nail he had swallowed, which had undergone little or no change from its lodgment in the stomach. The danger to be apprehended was, that, by getting

entangled in the mucous coat of the stomach and intestines, it might have brought on dangerous and fatal inflammation. And it would appear a little singular that so rough a substance should have remained so long in contact with the delicate lining of the stomach, without giving rise to any unfavorable symptom, or even occasioning any painful sensation. The probability is, that in attempting to pass into the duodenum, it met with some obstruction at the pyloric extremity of the stomach, and, producing irritation, gave rise to the effort of vomiting which caused its expulsion. Had the stomach failed in this effort, which we might consider as very possible, we may readily suppose that dangerous symptoms would have speedily ensued.—*Ib.*

VIII.

FŒTAL SKELETON IN UTERO.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—A few weeks since, the keeper of a small market, in this city, desired me to examine a tumor, discovered by him in cutting up the carcase of a fat ewe. Its connexion with the rectum convinced me, at first sight, that it was the uterus, but completely imbedded in fat. The good condition of the body was an indication of the excellent health of the animal. On laying open the tumor, about the size of a man's fist, I was astonished to discover the entire skeleton of a fœtal lamb, divested completely of all

the flesh, tendons, and the like appendages, and resembling bones that have been macerated. I have carefully preserved the whole in a glass receiver.

Remarks.—Probably the ewe was severely injured, just before the period of parturition, by a blow, that induced a high degree of inflammation, and finally adhesion of the sides of the vagina. Nature then went to work with the absorbents, and had conveyed everything extraneous away but the skeleton, which would undoubtedly have disappeared within a year or two, had the animal been permitted to live. In the course of my professional life, I have been consulted by a woman, in whose womb was the skeleton of a child, which had then been retained there sixteen years, in consequence of the adhesion of the walls of the vagina, owing to the bad management of a midwife. A fistulous opening was made through the muscles over the ischiatic notch, and a constant fetid discharge was kept up. Hair, nails, occasionally bones of the fingers, &c., were forced out. A large opening must have been made on the back side of the fundus of the uterus, in order to allow the exit of so much matter as was continually oozing from the organ. In the first volume of the Medical Intelligencer, a further and more particular account of this extraordinary case may be found, drawn up by me about six years ago.

Very respectfully,

JEROME V. C. SMITH.

Health Office, Boston.

Jan. 27, 1831.

 BOSTON, TUESDAY, FEBRUARY 1, 1831.

NEURALGIA—SPINAL IRRITATION.

IT is very common for a physician to be consulted for the purpose of relieving pains in various parts of the body, which are described to him as rheumatic, and which yet have resisted the usual treatment of such affections. These affections, so common in all, but more particularly in young females, are often the cause of more perplexity to the attendant than are much graver maladies. Fixed pain in the side, under the left mamma, along the course of the colon, in the shoulder, arm, head, pelvis, or other parts,—palpitations of the heart, trembling of the stomach (with or without flatulence, acidity, gastrodynia, or dyspepsia), heats and flushings of the face and head, throbbings of the temple, and such like complaints, unattended by fever and unassuaged by local treatment, are not seldom causes of vexation to us, and discouragement to our patients. He, therefore, is deserving our thanks and commendation, who attempts to remove these obstructions from our pathway.

This subject has been suggested, at the present time, by the appearance of a work among us by Mr. Teale, of Leeds, Eng., on Neuralgic Diseases. The views taken by the author are sanctioned by his own experience and that of many other practitioners; and an attentive perusal of his work will doubtless enable the physician to cure up some old and troublesome cases, and con-

tribute much to his usefulness, and perhaps reputation, in his future labors.

Neuralgia is usually said to be a disease of modern date, or at least to have occurred, of late years, with a very extraordinary frequency and severity. This is doubtless true in a degree. But the application of the term has been so changed, as to account quite easily for this common observation. Neuralgia was formerly a term employed solely to express an affection marked by a very acute pain in some particular nerve or nerves. It now embraces many other disorders of the nerves, not attended by pain of a spasmodic nature or of unusual severity, but by some other perverted state of their functions. All those complaints we have named, and an almost endless variety of others, are now classed, by the best writers, under this comprehensive head.

It is the opinion of Mr. Teale that these affections are the result of a morbid condition, not of the nervous filaments which are the immediate seat of the pain, but of the larger nervous masses from which those filaments are derived;—and he attributes the inefficacy of treatment to the fact that our remedies are applied to the part in which the uneasiness is felt, and not to the more remote and less obvious seat of disease.

These views of Mr. T. are not altogether new. They were first

suggested, so far as we can learn, in the year 1821, in a letter from Mr. Player, an English surgeon, to the *Quarterly Journal of Science*. An essay by Dr. Brown, of Glasgow, in which similar opinions are expressed, appeared about two years ago, under the title of "Irritation of the Spinal Nerves,"—and a paper on "Some Forms of Cerebral and Spinal Irritation" was shortly afterwards published by Dr. Darwell, of Birmingham, in the *Midland Reporter*. These gentlemen have all offered numerous and very strong cases in support of their opinions, some of which, by way of illustration, will be shortly transferred to our columns.

VIRUS OF SMALLPOX, VACCINATED.

DR. OZAMANN, of Lyons, presented to the French Academy, at a late sitting of that Institution, a paper in which some discoveries respecting the variolous matter were made known, which, if anything but imaginary, are of the greatest importance. He states in this communication, "1st, that he has ascertained that the matter of smallpox, if mixed with fresh cow's milk, produces an eruption similar to that of the vaccine virus, and has the same faculty of propagating the vaccine disease innate in man, but that it was imported into Europe about the 6th century, by the Moors of Spain; 2d, that the vaccine is real variola, but of the most benign species; 3d, that by inoculating with the vaccine virus alone, or with that of variola mingled with fresh cow's milk in very small quantity, we obtain generally as many

pustules or punctures, and that the pustules are the real smallpox, which guarantees children from this malady, in its state of malignity." If we are thus to have a fountain of vaccine virus which will be opened just at the periods when it is most in requisition, less attention will be required than at present to preserve the virus at all times fresh and in abundance. If there be any truth in the opinion entertained by many, that the matter is modified and deteriorated by passing through the human constitution, we have here an easy mode of obtaining such as is free from these suspicions; and a third convenience which will result from this discovery, if it proves correct, will be found in the facility of procuring fresh virus in countries where vaccination is rarely or never practised, and which are remote from those which are experiencing its inestimable blessings.

There are some circumstances in the history of vaccination, which induce us to regard these sentiments of Dr. O. as worthy of further investigation; and should a favorable opportunity occur, it is to be hoped the practitioner will not allow it to pass unimproved. The circumstances in which the experiment may be most fairly tried, are, when unprotected individuals, who have been exposed to smallpox, are beyond the reach of vaccine virus, and might therefore be subjected to the risk of a variolous inoculation, rather than an attack of the natural variola.

ACT FOR LEGALIZING THE STUDY OF
ANATOMY IN THIS COMMONWEALTH.

THE great length of the Report presented to the legislature by the Committee to whom was referred the subject of legalizing the study of anatomy in this Commonwealth, prevents our offering it entire to our subscribers. The subjects discussed at length in the Report are:—

1st. The Rise and Progress of Anatomical Science.

2d. Its indispensable importance to both great branches of the Healing Art,—the practice of Medicine and Surgery.

3d. The interest which Society at large, especially, and the Medical Profession incidentally, have in the modification of the laws of this Commonwealth, so as to afford a reasonable facility for the pursuit of Anatomical Science.

4th. The Provisions, and the Character and Effect, of our present laws, regulating the practice of Physic, and for the Protection of the Sepulchres of the Dead.

5th. The Provisions that have been made in France and other enlightened countries, for the promotion of Anatomical Science.

6th. Those general conclusions, which the Committee recommend for legislative sanction by legal enactments, with a view to like results in our enlightened Commonwealth.

The consideration of these subjects occupies more than 70 octavo pages, and the following are the general results alluded to:—

1st. Anatomy is an important science, whose successful cultivation and improvement is of essential interest to all classes of the population of this Commonwealth.

2d. Dissection for anatomical purposes is highly laudable, and deserving of public encouragement, so far

as it can be done without violence to the feelings of surviving relatives or friends.

3d. That the Laws of the Commonwealth, which now act indirectly on the study of anatomy, require change, and that the study of anatomy should be legalized.

The following Act is proposed by the Committee for the purpose of accomplishing the desired object, and Thursday next, at 11 o'clock, is assigned for the discussion of the subject in General Court. The Act appears to us unexceptionable, and, for the credit of the State and the general good, we ardently hope it may receive the unanimous support of the enlightened members of the Legislature.

Sect. 1. *Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, That if any person, not being authorized by the Board of Health, Overseers of the Poor, or Selectmen, in any town of this Commonwealth, or by the Directors of the House of Industry, Board of Health, Overseers of the Poor, or Mayor and Aldermen, of the City of Boston, in said Commonwealth, shall knowingly or wilfully dig up, remove or convey away, or aid and assist in digging up, removing and conveying away, any human body, or the remains thereof, —such person or persons so offending, on conviction of such offence in the Supreme Judicial Court of this Commonwealth, shall be adjudged guilty of felony, and shall be punished by solitary imprisonment for a term not exceeding ten days, and by confinement afterwards to hard labor for a term not exceeding one year; or shall be punished by a fine not exceeding two thousand dollars to enure to the benefit of the Commonwealth, and by imprisonment in the*

common jail for a term not exceeding two years at the discretion of the Court, according to the nature and aggravation of the offence.

Sect. 2. *Be it further enacted*, That if any person shall be in any way, either before or after the fact, accessory to the commission, by any person or persons, of the offence described in the first section of this Act—such person or persons shall be adjudged and taken to be principals, and shall be, on conviction in the Court aforesaid, subject to the same punishments and forfeitures as are in said first section provided.

Sect. 3. *Be it further enacted*, That from and after the passing of this Act, it shall be lawful for the Board of Health, Overseers of the Poor, and Selectmen, of any town in this Commonwealth, and for the Directors of the House of Industry, Board of Health, Overseers of the Poor, and Mayor and Aldermen, of the City of Boston, in said Commonwealth, to surrender the dead bodies of such persons as may be required to be buried at the public expense, to any regular physician, duly licensed according to the Laws of this Commonwealth, to be by said physician used for the advancement of anatomical science;—preference being always given to the Medical Schools that now are or hereafter may be established by law in this Commonwealth, during such portions of the year as said schools or either of them may require subjects for the instruction of Medical Students:—*Provided always*, that no such dead body shall in any case be so surrendered, if, within twenty-four hours from the time of its death, any one or more persons, claiming to be kin, friend or acquaintance to the deceased, shall require to have said body inhumed; but said body shall be inhumed, and, when so inhumed, any person, without the authority specified in the first section of this Act, disinterring the same, or being accessory, as is described in the second section of this Act, to its exhumation,

shall be liable to the punishments and forfeitures in this Act respectively provided:—*And provided further*, that every physician so receiving any such dead body, before it be lawful to deliver him the same, shall, in each case, give to the Mayor and Aldermen of the City of Boston, or to the Selectmen of any town of this Commonwealth, good and sufficient bond or bonds, that each body, by him so received, shall be used only for the promotion of anatomical science; that it shall be used for such purpose only in this Commonwealth, and so as in no event to outrage the public feeling; and that, after having been so used, the remains thereof shall be decently inhumed.

Sect. 4. *Be it further enacted*, That from and after the passing of this Act, it shall be lawful for any physician duly licensed according to the laws of this Commonwealth, or for any medical student under the authority of any such physician, to have in his possession, to use and employ human dead bodies, or the parts thereof, for the purposes of anatomical inquiry or instruction.

Sect. 5. *Be it further enacted*, That the Act passed March 2, 1815, entitled "An Act to protect the Sepulchres of the Dead," and also all other Acts, or parts of Acts, contravening the provisions of this Act, be, and the same hereby are, repealed.

Quackery. — Died, in Chester township (Penn.), Oct. 3, Fanny, daughter of James Haynes, in the 23d year of her age. The circumstances attending the death of this amiable young woman are lamentable indeed. She died the victim of the most abominable quackery. She had been for some weeks afflicted with a violent paroxysmal pain in the head, called, by the physician who attended her, nervous rheumatism, or to speak (as he expressed himself) technically correct, neuralgia, if my recollection of the term he used be correct. A quack from

Baltimore, arriving in Chester, assuming too the sacred garb of a preacher of the everlasting gospel of truth, learns that she is ill—calls to see her—assures her “nothing ails her head,” but that it is “her stomach that is affected;” that his wife had been held exactly similar for five years, and that, after “many doctors” had failed in curing her, he had cured her himself; and assured Fanny that he would cure her “by next Saturday night,” (this was on Wednesday). By harangues of this kind, he inspired her with confidence, and she was anxious that he should undertake her cure. He did undertake it. Railing against everything that had been done, he commenced his puking and sweating operations—washing her all over with *cold water* immediately on taking her out of the bath, with the intention, as he said, of *driving all the heat out of the skin* by sweating, and then *washing it off* with cold water. This method was pursued until her strength was so far exhausted, that she could not sit up without fainting. He now—rather in despair, probably—said “*his wife was as good a doctor as he was,*” and he would bring her from Baltimore. She came, and their joint efforts failed to bring relief.

Another quack is now sent for to Philadelphia. On his arrival, he condemned all that had been done; says “the other doctors” have poisoned her, but that he could work it out of her; says she must be steamed “twice more,” although at this time she was continually drenched with a cold sweat—owing, very probably, to the skin already having been so long and so frequently subjected to the excessive stimulation of great heat and moisture, as to have lost its power of contracting so as to close the pores. But she was steamed

twice more. The quack says she is “too cold,” and “must be heated.” To effect this, he commences giving her cayenne pepper, alone or in combination (continuing too the emetics), till the throat, and no doubt the stomach, became so inflamed that she died in a few days. During all this time, too, the affection of the head, instead of yielding as her strength declined, was tenfold worse than it ever had been for a length of time before she died. But they pursued the one headlong course, unheeding all unfavorable changes, and probably considering them as evidences of “the doctor’s poison coming out of her,”—as one of them, with an air of great self-congratulation, exultingly observed (at a time when there was every reason to fear that she would not live from one day to another), “the doctor’s poison is nearly all out of her.” Thus was cut off, in the spring time of life, this amiable young woman, and at a time when her parents and herself were flattered with the pleasing prospect of a speedy recovery.—*Upland (Penn.) Union.*

Transylvania University.—The Medical School attached to this flourishing Institution, at Lexington, Ky., appears to be in a flourishing condition; and we are delighted to find our brethren of the west so diligently and ably promoting the cause of medical education, and thus protecting the inhabitants of that part of the country from the impositions of quackery. There are, at this University, six professors of the different branches of the healing art, and *two hundred and eleven* medical students.

Want of room obliges us to defer till our next, a notice of some improvements to be made in the face of this Journal at the commencement of the 4th volume.

Whole number of deaths in Boston the week ending January 22d, 29. Males, 16,—Females, 13.

Of scarlet fever, 1—childbed, 1—consumption, 5—mortification, 2—lung fever, 2—croup, 1—infantile, 2—fever and ague, 1—dropsy on the brain, 2—disease of the heart, 1—tape worm, 1—apoplexy, 1—suicide, 1—affection of the lungs, 1—quinsey, 1—stoppage in the throat, 1—unknown, 5.

ADVERTISEMENTS.

WILLIAMS ON DISEASES
OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.
Dec. 6.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

*Apothecaries' Hall,
No. 183 Washington Street.*

NEURALGIC DISEASES.

ATREATISE on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow, and Ganglia of the Sympathetic Nerve. By THOMAS PRIDGIN TEALE, Member of the Royal College of Surgeons in London, &c. Just received by CARTER & HENDEE. Nov. 2.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c., &c.

BECLARD'S GENERAL ANATOMY.

CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes.

By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

HALL ON LOSS OF BLOOD.

THIS day received, by CARTER & HENDEE, "Researches, principally relative to the Morbid and Curative Effects of Loss of Blood." By MARSHALL HALL, M.D. F.R.S.E. Dec. 6.

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, 11 Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS
AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

ABERCROMBIE ON DISEASES
OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. III.]

TUESDAY, FEBRUARY 8, 1831.

[No. 52.]

I.

AGENCY OF ANIMAL DECOMPOSITION IN THE PRODUCTION OF FEVER.

THE following extract from Mr. Southwood Smith's recent invaluable treatise on fever, is interesting, as it contains his opinion on some subjects which have divided the learned in medicine, and his promise of enlightening the profession, at some future day, on other points of deep and practical interest.

In his chapter on the immediate or exciting causes of fever, Dr. S., after adducing some proofs of the acknowledged effects of vegetable decay in its production, proceeds thus :—

These examples may suffice to illustrate the operation of that febrile poison which arises chiefly from the decomposition of vegetable matter. The poison derived from the putrefaction of animal matter is still more pernicious : its effects are more powerful in degree, and worse in character ; it operates more intensely on the nervous system, and less on the vascular ; and the fevers it produces are invariably of the typhoid type, and of the continued form.

Without doubt, a febrile poison, purely of animal origin, in a high degree of concentration, would kill instantaneously ; and when not intense enough to strike with instantaneous death, it would produce a

continued fever with the typhoid characters, in the greatest possible degree of completeness and perfection. And this appears to afford the true solution of the origin of the plague. The more closely the localities are examined of every situation in which the plague prevails, the more abundant the sources of putrescying animal matter will appear, and the more manifest it will become, not only that such matter must be present, but that it must abound. And this also is one of the truths which was known to the observers of former times, but which has been forgotten. Were it not that the professional reading of an age is bounded by as strict a line as that which divides century from century ; were it not that no one reads back beyond the authority which happens to give to the day its prevailing doctrines ; were it not that the great repository of facts treasured up in the volumes of the close observers, though sometimes the bad reasoners of former days, thus becomes neglected for the dogmas of some modern writer, who reasons as ill, and who observes less,—the notion that vegetable malaria produces only intermittent fever, never could have become so prevalent as it is at present, nor could the influence of animal malaria ever have been so entirely overlooked. But it chanced that Cullen, in his defi-

nition of intermittent fever, assigned the miasma of marshes as the origin of the disease, while he makes no mention of animal malaria in his definition of any of the forms of fever ; and as this author superseded all former authorities, by becoming the great authority of the age, few of his successors are acquainted in the slightest degree with the writings anterior to his period : whence it has happened that the numerous and invaluable facts observed and recorded by his predecessors, relative to the cause of fevers, have been disregarded until they have become wholly unknown. To cite the ancient and the more modern authorities who have observed and recorded the influence of animal malaria in the product of plague, would be to enumerate every distinguished writer, from Pliny and Diodorus Siculus, down to Galen, from Galen to Mead, and from Mead to Pringle.

In assigning the reason why Grand Cairo, in Egypt, is the birth-place and the cradle of the plague, Mead states that this city is crowded with vast numbers of inhabitants, who live not only poorly, but nastily ; that the streets are narrow and close ; that the city itself is situated in a sandy plain, at the foot of a mountain, which keeps off the winds that might refresh the air ; that consequently the heat is rendered extremely stifling ; that a great canal passes through the midst of the city, which at the overflowing of the Nile is filled with water ; that on the decrease of the river, this canal is gradually dried up, and the people throw into it all manner of filth, carrion, offal, and so on ; that the stench which arises from this, and the mud together, is in-

tolerably offensive ; and that, from this source, the plague constantly springing up every year, preys upon the inhabitants, and is stopped only by the return of the Nile, the overflowing of which washes away this load of filth : that in Ethiopia the swarms of locusts are so prodigious, that they sometimes cause a famine, by devouring the fruits of the earth, and when they die, create a pestilence, by the putrefaction of their bodies ; that this putrefaction is greatly increased by the dampness of the climate, which, during the sultry heats of July and August, is often excessive ; that the effluvia which arise from this immense quantity of putrefying animal substance, combined with so much heat and moisture, continually generate the plague in its intensest form ; and that the Egyptians of old were so sensible how much the putrefaction of dead animals contributed towards breeding the plague, that they worshipped the bird Ibis, from the services it did in devouring great numbers of serpents, which they observed injured by their stench when dead, as much as by their bite when alive.

Nothing can be more striking than the cases recorded by Pringle, and which daily occurred to him, of the production of fever, exquisitely typhoid (according to the language of that day, jail and hospital fever), and of the sudden transition of intermittent and remittent into the continued and typhoid type, from the presence of a poison clearly and certainly of animal origin. Whenever wounded soldiers, with malignant sores, or mortified limbs, were crowded together, or whenever only a few of such diseased persons were placed in a room with the sick

from other diseases, with those laboring under intermittent and remittent, for example, a severe and mortal typhus immediately arose; nay, whenever men, previously in a state of sound health, were too much crowded together for any considerable time, typhus (jail or hospital fever) was sure to be produced. The instances of such occurrences that are detailed, are too numerous to be cited, but they are so clearly stated, and so striking, that they well deserve to be consulted by whoever is desirous of clearly tracing the operation of this great cause of fever.

But by far the most potent febrile poison, derived from an animal origin, is that which is formed by exhalations given off from the living bodies of those who are affected with fever, especially when such exhalations are pent up in a close and confined apartment. The room of a fever-patient, in a small and heated apartment in London, with no perfusion of fresh air, is perfectly analogous to a stagnant pool in Ethiopia, full of the bodies of dead locusts. The poison generated in both cases is the same; the difference is merely in the degree of its potency. Nature, with her burning sun, her stilled and pent-up wind, her stagnant and teeming marsh, manufactures plague on a large and fearful scale: poverty in her hut, covered with her rags, surrounded with her filth, striving with all her might, to keep out the pure air, and to increase the heat, imitates nature but too successfully; the process and the product are the same, the only difference is in the magnitude of the result. Penury and ignorance can thus at any time, and in any place, create a mortal

plague. And of this no one has ever doubted. Of the power of the living body, even when in sound health, much more when in disease, and above all, when that disease is fever, to produce a poison capable of generating fever, no one disputes, and the fact has never been called in question. Thus far the agreement among all medical men, of all sects, and of all ages, is perfect.

But it happens that there is another form of animal matter capable of producing fever: namely, a matter secreted by the living body, constituting not only a poison, but a peculiar and specific poison. This specific poison produces not merely fever, but fever with a specific train of symptoms. In the acknowledgment of this fact, also, the agreement among all medical men is equally perfect.

But some contend that the poison generated in the first case, and that generated in the second, may both be properly called contagious: others maintain that the application of the same term to two cases so specifically different, destroys a distinction which it is useful to preserve, and that it would be more correct, as well as more conducive to clearness of conception, to call the poison generated in the first case an infection, and to restrict the term contagion, to designate the poison generated in the latter. Vast and immeasurable as the difference appears to be between the contagionists and anti-contagionists, if regard be had merely to their language, yet if attention be paid only to their ideas, to this, and to this only, narrow as the compass is, the whole controversy is reduced. It resolves itself wholly into the question, whether one word shall be

used to express two cases which differ from each other in some important circumstances, or whether it may not be more convenient to employ two terms, and strictly to appropriate each to designate its own specific class. It must be manifest that, since both sects are perfectly agreed about the facts, the dispute can be only verbal. If the one would consent to restrict their use of the term contagious, for which there is the best authority and ancient custom, to those diseases which arise from a specific contagion, and would call those which arise from every other poison infectious, there would be an end to this apparently interminable, and in many respects mischievous, controversy.

Is the febrile poison, whether of vegetable or animal origin, or whether composed of both, capable of adhering to clothes, apparel, and other substances, in such manner as truly to infect them, so that when applied to the bodies of the healthy, at any distance of place, and at some distance of time, the specific effects of the poison are produced? That such substances may be so imbued with the poison of the smallpox, all admit : that the evidence should not be as complete relative to the power, or the inability of such substances to convey and communicate the poison of ordinary continued fever, is alike disgraceful to the state of our science, and injurious to the cause of humanity. There is no reason why the question should not be settled with absolute certainty ; there is no manner of difficulty in determining it. Experiments the most direct, complete, and decisive, might be performed,

which, if observed, during their progress, by competent witnesses, and duly authenticated, might ascertain the point with sufficient clearness and certainty, to satisfy not only the present age, but future generations. Once, for all, the full trial might be made, and if the trial were really full, it need never be repeated. A series of experiments completely decisive of the question, as far as regards the fever of our own country, which might be easily extended to the plague, were some time ago drawn out, and exertions were made to carry them into effect ; but in the prevailing state of public opinion and feeling, it was found absolutely impossible to institute them on a scale at all adequate to render them decisive, without the aid of Government. There seems to be no possible mode of performing them effectually, unless Government will coöperate, by granting a free pardon to such convicts, as will voluntarily allow themselves to be made the subjects of them. The risk to them would be slight, the evil to the community none ; while the danger, the suffering, the disease, the mortality, that would be prevented, to say nothing of the expense that would be spared by the decision of the question, would be incalculable. It is earnestly to be hoped that those who have it in their power to afford the means of putting this question at rest, will not allow it to remain in its present unsettled state. Science, commerce, humanity, alike demand that the truth should be ascertained.

This subject, it is my intention to take up, and to discuss fully in a future publication, in which

will also be investigated some inquiries, which it has been found impossible to include in the present volume ; such as whether the vegetable and animal poison we have been considering, be the only true exciting cause of fever ; by what means its general diffusion is effected ; on what conditions its propagation depends ; by what measures its extension may be checked, and its power diminished or destroyed ; what circumstances in the modes of life, in the habits of society, in the structure of houses, in the condition of the public streets and the common sewers, in the state of the soil over large districts of the country, as influenced by the mode of agriculture, drainage, and so on, favor or check the origin and propagation of this great curse of civilized, no less than of uncivilized man. It is obvious that these inquiries will include the investigation of several exceedingly curious and important statistical questions ; and the object of these researches will be accomplished, should they lead to the establishment of any useful principles of extensive application.

II.

IRRITATION OF THE SPINAL CORD.*

By WILLIAM HITCH, M.D., of Baltimore.

THE persevering efforts of physiologists have at length succeeded in attaining pretty extensive credit to a few general propositions in relation to the nervous system. That all the operations of the animal economy, from the

minutest movements in the secretory process, to the highest effort of reason and imagination, are dependent upon the agency of nervous influence, will, we believe, soon be regarded as an established doctrine in philosophical medicine ; and, consequently, the laws of the nervous system are the laws of life. The mechanical and chemical theories have left not a wreck behind—the principle of life, or nervous influence, is acknowledged to be the point to which all observations should be directed. But of the internal nature of this important agent, its properties, mode of acting, or of being acted upon, we are most profoundly ignorant. A stimulus acts upon an organ—it performs its functions—this we see, but the part borne by this mysterious agent of life in the affair, is totally veiled from view.

The experiments of Charles Bell, sustained by other gentlemen of his own country, and by ingenious observations and speculations of some of the continental physicians, have enabled us to make a slight advance towards a classification of the very interesting phenomena of the nervous system. In the first stage of their generalization, they speak of the cerebro-spinal and ganglionic system ; the former presiding over the intellectual operations, voluntary and respiratory motions, and all the functions of relative life—the latter controlling organic life, nutrition, absorption, secretion, &c. To the ganglionic system are referred all phenomena of inflammation. The cerebral system is again subdivided by Mr. Bell into symmetrical and irregular ; the former consisting of thirty-one pairs of nerves with

* Amer. Journ. of the Med. Sciences.

double roots, the fifth, sub-occipital, and the spinal, common to all animals, for the purposes of sensation and voluntary motion—the latter distinguished by single roots, superadded, according to the number and complication of superadded organs, for all the varieties of respiration, speech, and the expression of emotions. In reference to these views, and for its practical utility, the following case of spinal irritation may perhaps be worthy of notice.

March 15th, 1829, I was called, in consultation, to see Deborah Lynch, ætat. 14. Eight months before, she had lost the use of her superior extremities. They had gradually ceased to be under the control of the will; and when voluntary motions were attempted, they were not properly executed—the limb always moving the contrary way to that intended. Her physician resorted to the usual treatment, cathartics, tonics, stimulating frictions, &c., with so little success, that four weeks after the appearance of the first symptoms, the inferior extremities also became implicated, and, in a few days, totally paralyzed.

When I saw her, she had been confined seven months, unable to move herself; she complained much of a dull pain and indescribable uneasiness when her inferior extremities were suffered to remain a few hours in one position, and often most earnestly entreated her attendants to move them. It required considerable strength to do this—either to extend them when flexed, or flex them when extended. Any mental disturbance, from whatever cause, as the introduction of a stranger of a station in life superior to her-

self, or any disobliging conduct on the part of her elder sisters, would cause such convulsive agitation in her limbs, as to shake the room in which she lay, and gave her so much pain, that she would most earnestly entreat her mother, or some one near, to press upon them, and stop their motion.

Her extremities were much shrunk from their natural size, of a purplish hue; sensibility much impaired, but her general health had not suffered; her face indeed had the appearance of unusual health; all the thoracic and abdominal organs performed their functions with little interruption during the whole period of her confinement, nor had her disease prevented, or even suspended, the full and healthy development of the various changes in the female system incident to the age of puberty.

She was questioned, but gave no information that could lead to a satisfactory diagnosis. Upon examination of the spinal column, however, from whence we supposed the disease most probably emanated, we found the spinous process of the fifth cervical vertebra inclining to the right, unnaturally depressed, and that pressure on the lateral portion of the vertebra was painful.

Upon again questioning her whether she had not been injured in this part, she now recollected that, about three years before, she had lost the use of her limbs: an elder sister, upon her refusing to carry a bag of sumach berries which they had gathered, threw it with considerable force across her neck, by which she was prostrated to the earth. The shock gave her considerable pain, which

had been continued at intervals up to the time of her confinement, but since that time, the pains in her inferior extremities having been so much more intense, the uneasiness in the neck, and the injury sustained there, had been forgotten.

Having now ascertained the seat of the disease, to excite a permanent counterirritation, we applied a seton immediately over the affected part. A strip of linen an inch wide was introduced, and on returning five or six days after, we found some granulations shooting out of the wound—the discharge of matter was trifling. For the purpose of procuring a discharge more copious, and for the removal of the granulations, we caused the strip of linen to be wet, several times a day, with a pretty strong solution of the sulphate of copper, to be continued until the granulations were destroyed, and the discharge of matter become more copious. No alteration appeared in her condition until the expiration of three months, when the superior extremities returned gradually under the control of the will, and have since remained free from the slightest muscular irregularity; but she was yet incapable of giving the smallest motion to the inferior extremities. Encouraged at our ends having been thus far accomplished, the superior extremities having returned under the control of the will, and rapidly approaching to a perfectly healthy condition, the consummation of which required only the stimulus of action, we felt exceedingly anxious to try a seton about the lumbar region. To this the patient positively objected—the seton in the neck, she

said, had been so exquisitely painful, that she would not endure another, even if assured of being restored thereby to the use of her inferior limbs. Determined not to abandon the case after gaining so much, we requested her to let us place a plaster on her back—to which she readily assented. The plaster was applied, charged with the potential cautery, and remained twelve hours. On its removal, the impression made seemed considerable. The part was dressed with unguentum basilicon, which was suffered to remain until the next day, when we found a fine deep ulcer extending six inches along the spinal column, and one inch wide: this ulcer discharged copiously for six weeks, and at the expiration of three months, the patient found no difficulty in walking, has since remained in good health, and can undergo more bodily exertion than any of her sisters.

III.

REMARKS ON THE AMELIORATION OF OUR PHYSICAL CLIMATE.*

By DAVID THOMAS.

AMONG the visions of Philosophy in the last age, none has been more pleasing than the notion that with the destruction of our forests, the rigors of winter will abate; and that Hesperian fruits and flowers without protection, will soon decorate and enrich these northern regions.

It seems surprising that those theorists should permit a few isolated facts from history, and a few random assertions from

* Amer. Journ. of Science and Arts.

poetry, to engross their attention, to the total neglect of every surrounding circumstance.

Let us consider what happens in our forests. The fallen leaves prevent the soil from freezing in winter ; * the trees obstruct the radiation of heat in clear nights ; the snow settles evenly through the woods ; the cold winds are unable to throw it into drifts, and the warm winds to melt it until the commencement of spring. Many a green-house plant would abide the winter with such protection.

But with the removal of the forest, this shelter is withdrawn, and the ground *then* freezes to the depth of several inches.

If it be alleged that the warm winds have more access, so do the cold winds. If the sunshines clearly on the open plain, it gives more heat amid the reflection and shelter of leafless trees ; and it is well known that fields surrounded by woods, produce earlier pasture than the open plains.†

But by what agent can a cultivated country disarm the wintry tempest of its rigor, when the mercury sinks below zero? How can it soften those freezing winds which overwhelm it for days together? On the vast surface of our inland seas, and on the wide spreading prairies of the West, how can cultivation affect the physical climate?—for there are no forests to be destroyed.

In the open country of the Mandans—not as far north as the city of Paris—Lewis and Clark found

the thermometer 33 deg. below zero. At the falls of St. Mary's, near Lake Superior, Dr. Foot found it 30 deg. below zero “on the 6th of February ;” and in the mornings of the two last days of that month, it stood 24 deg. below zero.

We are near to regions that endure a polar winter ; we are within the reach of their frozen atmosphere ; and we can hope for a milder climate only when the north winds shall be retained.

IV.

CASE OF LICHEN AGRIUS.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—The enclosed statement of Lichen Agrius, of Bateman, is submitted for publication, if considered of sufficient moment.

Respectfully, yours, &c.

TIMO. L. JENNISON.

Cambridge, Jan. 24, 1831.

In June, 1823, Mrs. W., a woman otherwise in good health, aged 64, after a hard day's work, and very hot day, was attacked with a severe *Lichen Agrius* (of Bateman). Possessed of good powers of mind, she used various remedies, assayed by her own judgment, as well as the recommendation of her intimate friends. The result was equally fallacious ; seeming but to augment her troubles, without curing her malady. In the following autumn, she became my patient with like want of success. I advised her afterwards to repair to the General Hospital, where a kind patroness aided my views. She tarried there ——— weeks, availing herself of the advice of eminent

* In this northern part of the 43d degree of latitude.

† It may be less known that some vernal flowers bloom finely in the woods, while the same kinds are despoiled of their beauty by frosts in the open garden.

physicians, good nurses, and strict regimen. She then returned home, despairing of any permanent benefit from the medical art, and soon became apparently as bad as ever.

Early in February, 1830, I proposed to her a trial of the Dogwood (*Rhus Vernix*), as more likely to be of use than any other remedy. Her sufferings were so great, that she readily assented to the experiment. I procured, by an agent, the trunks of two of those trees, from 7 to 10 feet in length, and 3 to 4 inches in diameter. They were deposited in a retired situation till I could attend to the use of them, a few days afterwards. As I did not consider myself liable to suffer from contact with it, I cut off so much of the bark as could readily be put into a junk bottle, and then caused it to be filled with pure old Jamaica rum, frequently well shaken, and kept in a warm nitch for four or five days. I then directed my patient to begin the internal use of it, in doses of three drops daily, till she should perceive some ill effect from it, by pain or nausea at stomach. I then made a strong decoction of another parcel of the bark, putting one gallon of it into bottles, to be well corked up, for use externally. In order to ascertain whether it would prove useful in that way, and seven days after the first use of the tincture, I directed her to wash the *left arm* and *right lower limb* with it, at any and at all times, and at the temperature of her room; but not to apply any of it to the other limbs. In this way she proceeded till the last of March, without producing any appearances different from those on the

other limbs. During this space of time, I had advised her to use her common diet, avoiding much condiment and stimulating drink. Early in April, I procured an ointment of this bark, prepared as is the Elder, directing the daily use of it to the *other arm* and *lower limb*—aiming to ascertain the relative merits of the two external modes of applying the remedy. The last week in March, the upper parts of both feet were much more affected than they had been before; and I directed the unguent to be constantly applied to the *left foot*. It proved soothing; while the other needed long-continued scratching. It was also applied at night to the ham of that limb, to advantage. Soon after the application was made to both feet, and before the 10th of April, both were relieved by it. Meantime my patient augmented the dose of the tincture internally, without noticing any inconvenience, till she had taken to the quantity of 44 drops at once. That quantity caused griping and colicky pains. I then directed her to take only 40 drops thereafter. That quantity gave her no uneasiness. 15th of April, I trusted to the external use of the unguent only. It excited erysipelatous inflammation on the arm and lower limb; but by the use of the decoction in place of it, it soon abated and disappeared. At this time the general appearance of her complaint was improved, and her health otherwise good. As the intensity of the disease abated, I suspected that perhaps the ointment might be too active. I therefore incorporated some of it with an equal quantity of fresh lard. It proved less irritating.

Prior to this time, she had used liquid laudanum, occasionally, *at her discretion*. April 17th, she considered herself much better, and all her limbs more free from irritation. 21st, I directed her to reduce her number of drops to thirty, and use the *weaker* ointment. For two or three days, her complaint increased in a small degree. I then ordered her to take only 25 drops, continuing the use of the external applications. May 3d, I directed her to wash one of her lower limbs with a weak solution of Mur. Hydrarg., omitting any application to the other. May 10th, it had excited considerable irritation. I then advised to cease using any of her remedies for a few days. 17th, her complaint abated to slight cutaneous affections, and her health was good. For many months past, genuflexion gave her much uneasiness. It is now performed readily. May 25th, some slight appearance of the complaint on her lower limbs, and so continued till the 30th. I again advised the use of the decoction and weaker unguent for a few days.

Early in June, she went into the country, ceased using any medicine, ate and drank as did her friends. She returned in August. Early in September, her complaint began to appear again, and augmented. She then used from ten to thirty drops of the tincture internally, and the mild ointment, without following any particular regimen. Early in October, the eruption was considerable about her hams and arms. Near the close of the month, a large patch appeared under her chin. The only remedy used was the decoction. By the 15th of November

they were nearly gone, and otherwise she was in high health. During the remainder of November, and all December, she did not have occasion to use either of her remedies. To the 10th of January, she had only slight itching on her limbs, and eruptions, if they were rubbed, which ceased speedily.

Nearly a year has elapsed since I depended on the Rhus Vernix for curing my patient. Thus far I have been impelled to persevere, from its apparent utility and safety—in the way I have used it—in this solitary instance. I am, however, fully aware that repeated and protracted experiments are indispensable in confirming the practice. At my advanced period of life, it may never fall to my lot to have another opportunity. It is desirable that other medical gentlemen, of greater sagacity, should volunteer themselves to confirm or invalidate what I have done.

Brief Remarks and Observations relative to the Preceding.

In 1803, a Dissertation on the Rhus Vernix, Rhus Radicans, and Rhus Glabrum, was published in Philadelphia by Thomas Horsfield. It contains considerable information relative to their Natural History, and he promised to come before the public again on the same subject. I know not that he has redeemed the pledge. He has left much for future investigation. He quotes Professor Kalm, but takes no notice of Bernard Romans's Natural and Political History of Florida, published in 12mo, at New York, in 1776. The brief note from N. Jones ought to be passed to Romans's credit, as he tells us

of the same fact in different words.

It seems desirable to ascertain *when* the trunk or branches of it become innoxious, i. e., how long its virulence is operative in a tree cut down. It is certainly equally virulent in the winter as in summer—when destitute of foliage, as when enrobed with it. As evidence of this fact, I state that one of my family, ignorant of its name or hazardous character, had occasion to go to the place where I had directed that to be placed which had been procured for me. He also removed it from the spot where it was standing, two or three feet only. He was poisoned thereby to such a degree, as not to gain a smooth skin till the following April. He was also purposely kept in ignorance of the name of the disease, considering it to be erysipelas!

It has been considered noxious to bystanders, while in a state of combustion. Further evidence is required: for the two sticks or bodies of the trees before mentioned, after having been deprived principally of their bark, and partially dried, were cut into firewood length, and burnt in my kitchen fireplace, during more than one day, when my family were constantly passing and standing near it; yet no one of them was known to suffer thereby.

The “sons of the forest,” with greasy skins and indurated hands, are less susceptible of injury from it, probably, than are the “thin-skinned gentry.” Is the fresh juice more acrid than the leaves, or the seeds in a bruised state? Is the bark of the root powerful at any time? less in summer than in the winter?

Dr. Horsfield makes this quotation from Kalm:—“Some people assured me that a person suffering from the noisome exhalations of these plants, would easily recover, by spreading a mixture of the wood burnt to charcoal, and hog’s lard, upon the swelled parts.” Wangenstien is also quoted thus:—“If the poison exists to its highest degree of virulence, the ashes of the wood, prepared in a close vessel, is used in its cure. An ointment is made of it with lard, with which the affected parts are anointed.” Now we all know that charcoal made of oak wood, is more durable and useful, in divers cases, than charcoal made of the white pine. But who can suppose their chemical properties are variant? Any species of charcoal, prepared from sound wood, is likely to be useful in the case before us, if applied as a cataplasm; and perhaps hot ashes, made of solid wood, are equally useful, if rubbed on early. It is easily tested.

We are told that patients are sent into the fenny parts of England, to catch an intermittent fever, with the view of its superseding another disease more difficult of cure. What is the solid objection to the successful application of the juice of the green leaves, or a strong ointment, of the Vernix or Radicans, to any part of the chest of any person who has symptoms of incipient phthisis? or in recent cases of leprosy? as also those obstinate complaints generally known by the name of salt rheum?

TIMO. L. JENNISON.

Jan. 24, 1831.

BOSTON, TUESDAY, FEBRUARY 8, 1831.

ARRIVED at the conclusion of our 3d volume, we cheerfully yield to the impulse of duty in offering our acknowledgments to those who are enlisted among our subscribers. Increasing in numbers, in knowledge, and respectability, they have new claims on our thanks, our industry, and regard; and it will be our endeavor to meet these claims promptly and fully. In the coming year, as in the past, we shall reconnoitre among the byways as well as in the highways of professional knowledge, and bring to light such hidden treasures as promise to be of real worth to the medical practitioner; no attainable source of information will be neglected, and no exertion spared which may contribute to the direct usefulness or permanent value of this work—and we trust it will continue to be, as it has recently been, the record-book of every improvement in medical science, and the first herald, on this side the Atlantic, of the rich results of professional enterprise in other and distant countries. That the reader may be apprised of what is worth knowing, and be apprised of this speedily, are the leading objects of the editor in the arrangement of his weekly numbers:—and to present facts in brief outlines, so that the subscribers may be spared the time and labor of digging them out of the mines in which they come to us buried, is a task of no mean magnitude, and, we flatter ourselves, of no ordinary degree of

usefulness. It is a task of which we can speak from long experience, and in the performance of which there are greater difficulties than are dreamt of in the philosophy of those who are acquainted only with its results. There are few among those who gaze with admiration on the most brilliant diamonds, or among those even who shine by their splendor, that waste a passing thought on the toil and patient research with which they have been sought and brought out from the solid masses of useless matter in which they were embedded, or on the hard labor subsequently required to bring them into the state in which they are seen and valued. Let it not be forgotten that like this is the toil of an editor; and if our messenger is not always the bearer of gold or brilliants, it is because we have hammered in vain, and not because we have not hammered at all: every kingdom is not a Golconda, and the mines of Peru are sometimes worked for nought.

At the commencement of the year now closed, we reminded our brethren of the great practical results which would follow a free communication of facts and opinions among the members of the profession, and offered our Journal as the vehicle of such intelligence. We are happy to find that this call was not unanswered; we have placed on record an uncommonly large number of original letters and discussions, most of which have been directly useful,

and many of which are of great and permanent value. Some highly interesting papers, which could have been only *noticed*, under other circumstances, have been presented entire to our subscribers, by means of duplex numbers—a project commenced with this volume, and the wisdom of which is amply proved by a revision of its pages.

The external appearance of the next volume will be greatly improved. It will exhibit a finer paper, and a type entirely new. The type purchased by the publisher is not only new and handsome, but closer than that now used, and yet equally distinct.

In its internal concerns, we do not promise any essential improvement over the volume which is now closed; and the general satisfaction of our readers, and the flattering terms in which that satisfaction has been expressed, lead us to believe that our labors to present a fair, concise, and practical view, of all the discoveries and improvements made in every department of the healing art, and whatever of novelty or interest is going on in the medical world, need only be sustained with equal diligence, to be crowned with like success.

DECEMBER AT ST. AUGUSTINE.

THE weather in all parts of New England, during the months of November and December, was such as to excite the notice of every one; and the absence of solar influence was most severely felt by all invalids. After the facts we have been

enabled to present respecting the salubrity of the climate of St. Augustine, the reader will peruse with interest the following statement of the condition of the weather at that place, during the same months. It is from an intelligent source, and affords another confirmation of the accounts heretofore given of this beautiful and promising resort for those who are in search of a mild and healthy winter residence.

“An article in the *New England Palladium* gives the following statement relative to the weather in Boston for November:—Fair a part only of 11 days—18 rainy—and 11 on which the sun was not seen. Greater part of 21 cloudy.—Now compare this with the weather of St. Augustine for the same month. 24 days fair—4 cloudy—1 rainy—1 various. Very similar was the weather in October. 24 fair—4 cloudy—3 rainy. For December. 27 fair—3 cloudy—1 rainy.—The above are the results of Dr. A.’s observations put on paper at the time. You see the contrast.”

USES OF MENSTRUATION.

A GREAT number of different opinions have been expressed by physiologists, respecting the true causes and objects of the catamenial discharge. It was the opinion of the older physicians, that this evacuation is the result of general or local plethora;—plethora caused by the check of the growth of the individual, by the continued production; in the system, of fluids for which there is no use until after impregnation, when they are required to support the growth of the fœtus. Mr. Charles Bell supposes that there is, in the

female system; a periodical excitement for the purpose of maturing the ovum, and that the menstrual evacuation is designed to relieve the uterine vessels which partake of this excitement. More recently it has been suggested, by Dr. Finley, of Cincinnati, that this discharge is more intimately connected, than heretofore supposed, with the formation of the deciduous membrane which lines the inner surface of the impregnated uterus. All the mucous surfaces have the power of secreting, under certain kinds and degrees of irritation, a membrane more or less organized. "In the present instance," says Dr. Finley, "the functions of the organ require that a membrane should be formed with a more perfect organization, and under a degree of irritation that should not exceed the healthy grade. For this purpose, a set of vessels would appear to be necessary, that would open readily upon the surface of the uterus, and secrete a vascular and organized membrane, under that slight degree of irritation which the local determination consequent upon conception would produce.

"It is peculiar to the females of our species, that they continue constantly in a condition favorable for conception, during the whole period from puberty to the time that the power of reproduction entirely fails. In order that these vessels may not suffer (as other parts of the vascular apparatus do when their action is not immediately called for in the system), from the inactivity in which they are often kept, in consequence of moral obligations and other circum-

stances of an accidental nature, it would appear to be necessary that they should continually be called into exercise. This discharge we suppose to be the means to which nature has recourse for this purpose."

The chief argument adduced in support of this opinion, is drawn from the fact that such adventitious membrane is sometimes formed when the organ is unimpregnated, but laboring under an unnatural and morbid irritation. This disease would thus be classed with those in which bones, hair, and other fragments of organized matter, have been discovered in the uterus, under circumstances which rendered impregnation impossible.

The great objection to this hypothesis appears to be, that the discharge is not met with in other animals in whom the membrane is formed after conception. In reply to this, Dr. F. urges the periodical seasons and intermediate quietude of these parts in such animals, whilst, in the human female, the parts are at all times in a condition favorable to conception. The moral and intellectual superiority of the latter, and the consequent, or rather attendant, imperfection of the process of generation, are also adduced; but we can find, in the essay of Dr. Finley, no conclusive reason for believing that his position has any very great advantage over that of Galen, of Cullen, or of Bell.

LITHOTRITY IN THE UNITED STATES.

We are happy to be able to announce to the profession, on the authority of Dr. Drake, of Philadelphia, that this operation, which has excited so much attention, and prevented so much suffering, in the transatlantic world, is about to be introduced into this country. Dr. Alban G. Smith, of Danville, Kentucky, visited Paris, about a year ago, for the express purpose of making himself familiar with the instruments of Lithotritry and their applications, under the pupilage of the celebrated CIVIALE. Dr. S. is now just returned to his native State, having accomplished the object of his visit, brought with him the instruments used in this operation, and prepared himself to use them whenever an opportunity shall offer.

Dr. Smith witnessed thirty cases of the operation of Lithotritry during his residence in the French metropolis, all which terminated favorably. When it is considered that little or no pain is produced by the use of these instruments, and that the usual operation of *Lithotomy* is always attended by extreme suffering, and, in a large proportion of cases, terminates fatally, we have good cause for congratulation, that, among the other lights emanating from the west, we have now added one of so much promise, to the unfortunate subject of one of the most afflicting maladies to which the human race is subject.

This operation is not one which can be done in all cases of the stone ;

but it is computed by Dr. S. that it may be adopted in about three-fourths of all which occur in the United States. In France it is performed at all the hospitals, and it is proposed to Government, by the National Institute, to appoint to each, in addition to the usual officers, a Lithotripteur, whose sole business there shall be to perform the operation in question.—It should be remembered that the number of cases of this disease in France, is vastly greater than in the United States, in proportion to the population of the two countries,—a circumstance which arises, probably, from the habits of the people, and the quantities of low wines, from certain districts, which are consumed by them.

Our usual supply of foreign periodicals, which furnish so much interesting and useful information on medical subjects, has fallen short for the last few weeks ; to which circumstance is owing the particular dullness of the present and few last numbers of our paper. The winds have been such that we have not received any foreign medical works, of any description, of later date than the first of December last. Soon as a stout easterly brings them in, the reader shall be apprised of their most valuable contents.

The communication respecting Mr. Davis's Report on Anatomy, we regret to say, was received too late for this number. It shall appear next week.

The consideration of the above-mentioned Report in the House of Representatives, was postponed until this day at 11 o'clock.

Whole number of deaths in Boston the week ending Jan. 28th, 26. Males, 14—Females, 12. Of worms, 1 ; dropsy in brain, 2 ; unknown, 5 ; consumption, 7 ; old age, 2 ; fits, 2 ; inflammation in bowels, 1 ; inflammation in brain, 1 ; croup, 1 ; liver complaint, 1 ; quinsy, 1 ; hooping cough, 1 ; suicide, 1.

ADVERTISEMENTS

NEW MEDICAL BOOKS.

THIS day received by CARTER, HENDEE & BABCOCK—Treatise on Surgical Anatomy. By ABRAHAM COLLES, one of the Professors of Anatomy and Surgery in the Royal College of Surgeons in Ireland, &c. &c. 2d Am. Ed., with notes, by J. P. Hopkinson, M.D.

Manual of Pathology, containing the Symptoms, Diagnosis and Morbid Characters of Diseases, together with an Exposition of the different Methods of Examination applicable to Affections of the Head, Chest and Abdomen. By L. MARTINET, D.M.P. Translated, with notes and additions, by JONAS QUAIN, A.B.

Pathological and Practical Researches, on Diseases of the Brain and the Spinal Cord. By JOHN ABERCROMBIE, M.D. Feb. 8.

COPARTNERSHIP NOTICE.

THE subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 183 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.

NATHAN JARVIS.

GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge. Feb. 8.

WILLIAMS ON DISEASES OF THE LUNGS.

THIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.

Dec. 6.

BECLARD'S GENERAL ANATOMY.

CARTER, HENDEE & BABCOCK have this day received—Elements

of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

SURGICAL INSTRUMENTS AND CHEMICALS.

STUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

GERMAN LEECHES.

RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

ABERCROMBIE ON DISEASES OF THE STOMACH.

JUST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL.

JUST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

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